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A TEN-STATE STUDY OF MEDICAID ELIGIBILITY AND UTILIZATION CHANGES COINCIDING WITH THE INTRODUCTION OF THE SUPPLEMENTAL SECURITY INCOME PROGRAM

FINAL REPORT - APPENDIX A

Volume II

STATE MEDICAID TABULATIONS

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Appendix A [v.
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FIGURE 7: MEDICAID EXPENDITURES FOR LONG-TERM CARE SERVICES BY PROVIDER TYPE FOR SELECTED MEDICAID ELIGIBLES FOR TENNESSEE DURING 1974 (MEDICALLY NEEDY)

PROVIDER AND OWNERSHIP	BASIS OF PROGRAM ELIGIBILITY OAA	AB	APTD
PUBLIC:	$648,491	-	$749,419
LONG TERM HOSPITALS	$440	-	$868
MENTAL	-	-	-
OTHER	$440	-	$868
ALL ICFS	$627,281	-	$738,880
MENTAL	$5,696	-	$581,963
OTHER	$621,585	-	$156,916
SNFS	$20,475	-	$9,606
HOME HEALTH PROVIDERS	$293	-	$64
VOLUNTARY:	$284,752	-	$27,842
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	$284,079	-	$27,727
MENTAL	-	-	-
OTHER	$284,079	-	$27,727
SNFS	$673	-	-
HOME HEALTH PROVIDERS	-	-	$115
PROPRIETARY:	$1,157,268	$3,085	$144,688
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	$1,146,263	$3,085	$142,771
MENTAL	-	-	-
OTHER	$1,146,263	$3,085	$142,771
SNFS	$11,005	-	$1,916
HOME HEALTH PROVIDERS	-	-	-
OUT-OF-STATE[1]	-	-	-

1* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

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FIGURE 8: UNITS OF LONG TERM CARE SERVICES FOR SELECTED MEDICAID ELIGIBLES BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR TENNESSEE DURING 1973 (CATEGORICALLY NEEDY)[1]

PROVIDER AND OWNERSHIP	WHITE MALES			WHITE FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:						
LONG TERM HOSPITALS	-	24	925	-	6	635
MENTAL	-	5	126	-	6	7
OTHER	-	19	799	-	-	628
ALL ICFS	9,452	75,130	101,218	8,476	74,208	231,641
MENTAL	9,122	66,391	2,085	7,664	64,341	3,844
OTHER	330	8,739	99,133	812	9,867	227,797
SNFS	-	274	499	2	356	2,596
HOME HEALTH PROVIDERS	42	822	153	9	1,165	373
VOLUNTARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	3,420	21,568	732	5,537	78,850
MENTAL	-	-	-	-	-	-
OTHER	-	3,420	21,568	732	5,537	78,850
SNFS	-	-	-	-	-	818
HOME HEALTH PROVIDERS	-	56	44	2	177	330
PROPRIETARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	32	7,840	73,132	1,003	11,430	256,363
MENTAL	-	-	-	-	-	-
OTHER	32	7,840	73,132	1,003	11,430	256,363
SNFS	-	382	466	-	328	2,732
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[2]	-	-	97	-	-	177

1* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS, AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS.

2* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

CONT. FIGURE 8: UNITS OF LONG TERM CARE SERVICES FOR SELECTED MEDICAID ELIGIBLES BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR TENNESSEE DURING 1973 (CATEGORICALLY NEEDY)[1]

PROVIDER AND OWNERSHIP	OTHER MALES			OTHER FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:						
LONG TERM HOSPITALS	-	2	421	-	-	149
MENTAL	-	-	2	-	-	53
OTHER	-	2	419	-	-	96
ALL ICFS	3,563	11,353	53,382	1,933	11,851	93,180
MENTAL	3,563	7,887	1,885	1,627	8,184	1,866
OTHER	-	3,466	51,497	306	3,667	91,314
SNFS	-	275	258	-	397	497
HOME HEALTH PROVIDERS	38	221	104	4	657	243
VOLUNTARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	1,541	3,510	122	1,606	11,051
MENTAL	-	-	-	-	-	-
OTHER	-	1,541	3,510	122	1,606	11,051
SNFS	-	-	-	-	-	211
HOME HEALTH PROVIDERS	-	60	58	-	14	72
PROPRIETARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	83	1,928	16,090	367	1,563	36,377
MENTAL	-	-	-	-	-	-
OTHER	83	1,928	16,090	367	1,563	36,377
SNFS	-	382	12	-	-	142
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[2]	-	-	-	-	-	-

1* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS, AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS.

2* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 8: UNITS OF LONG TERM CARE SERVICES FOR SELECTED MEDICAID ELIGIBLES BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR TENNESSEE DURING 1974 (CATEGORICALLY NEEDY)[1]

PROVIDER AND OWNERSHIP	WHITE MALES			WHITE FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:						
LONG TERM HOSPITALS	-	136	636	-	37	437
MENTAL	-	12	261	-	36	71
OTHER	-	124	375	-	1	366
ALL ICFS	22,007	164,462	179,430	21,003	163,739	461,396
MENTAL	21,765	142,460	3,519	19,122	138,081	7,593
OTHER	242	22,002	175,911	1,881	25,658	453,803
SNFS	-	129	629	-	246	2,421
HOME HEALTH PROVIDERS	173	1,173	184	38	2,191	441
VOLUNTARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	9,141	56,997	1,629	15,829	216,206
MENTAL	-	-	-	-	-	-
OTHER	-	9,141	56,997	1,629	15,829	216,206
SNFS	-	-	1	-	-	797
HOME HEALTH PROVIDERS	-	91	124	-	317	139
PROPRIETARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	427	22,892	191,307	2,267	41,869	682,395
MENTAL	-	-	-	-	-	-
OTHER	427	22,892	191,307	2,267	41,869	682,395
SNFS	-	353	520	-	207	4,356
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[2]	-	-	514	-	-	409

1* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS, AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS.

2* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

CONT. FIGURE [illegible]: UNITS OF LONG TERM CARE SERVICES FOR SELECTED MEDICAID ELIGIBLES BY PROVIDER TYPE[1]

[illegible] CHARACTERISTICS FOR TENNESSEE DURING 1974 (CATEGORICALLY NEEDY)

PROVIDER AND OWNERSHIP	OTHER MALES			OTHER FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:						
LONG TERM HOSPITALS	-	1	128	-	5	444
MENTAL	-	1	1	-	5	4
OTHER	-	-	127	-	-	440
ALL ICFS	9,988	25,442	92,638	4,921	27,049	174,833
MENTAL	9,988	15,246	4,360	4,191	18,249	4,335
OTHER	-	10,196	88,278	730	8,800	170,498
SNFS	-	481	128	-	370	1,494
HOME HEALTH PROVIDERS	49	411	128	1	1,352	165
VOLUNTARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	4,663	9,885	692	4,412	30,144
MENTAL	-	-	-	-	-	-
OTHER	-	4,663	9,885	692	4,412	30,144
SNFS	-	-	-	-	-	322
HOME HEALTH PROVIDERS	-	30	25	1	136	96
PROPRIETARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	4,138	43,010	591	6,032	100,344
MENTAL	-	-	-	-	-	-
OTHER	-	4,138	43,010	591	6,032	100,344
SNFS	-	2	19	-	309	490
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[2]	-	-	2	-	-	-

1* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS, AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS.

2* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 8: UNITS OF LONG TERM CARE SERVICES FOR SELECTED MEDICAID ELIGIBLES BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR TENNESSEE DURING 1974 (MEDICALLY NEEDY)[1]

PROVIDER AND OWNERSHIP	WHITE MALES			WHITE FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:						
LONG TERM HOSPITALS	-	-	-	-	52	16
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	52	16
ALL ICFS	6,644	10,637	8,458	4,239	11,964	26,743
MENTAL	6,644	5,870	306	4,239	7,715	61
OTHER	-	4,767	8,152	-	4,249	26,682
SNFS	-	4	155	-	299	539
HOME HEALTH PROVIDERS	-	4	25	-	-	-
VOLUNTARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	489	2,966	-	613	21,760
MENTAL	-	-	-	-	-	-
OTHER	-	489	2,966	-	613	21,760
SNFS	-	-	-	-	-	29
HOME HEALTH PROVIDERS	-	-	-	-	-	5
PROPRIETARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	122	4,079	18,985	151	4,548	70,389
MENTAL	-	-	-	-	-	-
OTHER	122	4,079	18,985	151	4,548	70,389
SNFS	-	-	1	-	137	349
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[2]	-	-	-	-	-	-

1* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS, AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS.

2* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

CONT. FIGURE 8: UNITS OF LONG TERM CARE SERVICES FOR SELECTED MEDICAID ELIGIBLES BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR TENNESSEE DURING 1974 (MEDICALLY NEEDY)[1]

PROVIDER AND OWNERSHIP	OTHER MALES			OTHER FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:						
LONG TERM HOSPITALS	-	-	12	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	12	-	-	-
ALL ICFS	5,537	11,235	10,359	4,130	1,379	5,252
MENTAL	5,537	4,972	-	4,130	758	-
OTHER	-	6,263	10,359	-	621	5,252
SNFS	-	-	-	-	-	58
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	1,128	3,336	-	-	518
MENTAL	-	-	-	-	-	-
OTHER	-	1,128	3,336	-	-	518
SNFS	-	-	-	-	-	-
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	2,331	5,516	-	1,550	6,205
MENTAL	-	-	-	-	-	-
OTHER	-	2,331	5,516	-	1,550	6,205
SNFS	-	-	151	-	-	-
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[2]	-	-	-	-	-	-

1* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS, AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS.

2* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 9: MEDICAID EXPENDITURES FOR LONG-TERM CARE SERVICES ON BEHALF OF SELECTED ELIGIBLES (OAA, AB, APTD) BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR TENNESSEE DURING 1973 (CATEGORICALLY NEEDY)

PROVIDER AND OWNERSHIP	WHITE MALES			WHITE FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:	$225,933	$1,796,308	$2,038,403	$181,739	$1,880,538	$4,809,426
LONG TERM HOSPITALS	$237	$13,370	$71,186	$100	$23,716	$62,666
MENTAL	$237	$11,379	$4,970	$100	$23,248	$1,566
OTHER	-	$1,991	$66,216	-	$467	$61,100
ALL ICFS	$224,867	$1,755,730	$1,933,644	$180,971	$1,812,964	$4,604,347
MENTAL	$218,367	$1,579,703	$50,984	$160,948	$1,600,628	$105,079
OTHER	$6,500	$176,027	$1,882,659	$20,023	$212,336	$4,499,268
SNFS	-	$15,230	$29,917	$414	$16,393	$134,650
HOME HEALTH PROVIDERS	$829	$11,977	$3,654	$252	$27,464	$7,762
VOLUNTARY:	$1,055	$85,064	$539,263	$21,845	$147,154	$2,007,592
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	$1,055	$82,707	$538,797	$21,786	$139,771	$1,981,229
MENTAL	-	-	-	-	-	-
OTHER	$1,055	$82,707	$538,797	$21,786	$139,771	$1,981,229
SNFS	-	-	-	-	-	$19,915
HOME HEALTH PROVIDERS	-	$2,357	$466	$59	$7,383	$6,448
PROPRIETARY:	$2,113	$185,934	$1,795,061	$32,995	$244,070	$6,302,177
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	$2,011	$174,992	$1,758,963	$32,995	$228,484	$6,154,683
MENTAL	-	-	-	-	-	-
OTHER	$2,011	$174,992	$1,758,963	$32,995	$228,484	$6,154,683
SNFS	$102	$10,942	$36,096	-	$15,585	$147,493
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[1]	-	$1,156	$4,891	-	$68	$9,588

1* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

CONT. FIGURE 9: MEDICAID EXPENDITURES FOR LONG-TERM CARE SERVICES ON BEHALF OF SELECTED ELIGIBLES (OAA, AB, APTD) BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR TENNESSEE DURING 1973 (CATEGORICALLY NEEDY)

PROVIDER AND OWNERSHIP	OTHER MALES			OTHER FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:	$83,347	$281,857	$1,066,586	$40,022	$342,351	$1,898,085
LONG TERM HOSPITALS	$87	$3,338	$26,637	$40	$10,946	$10,295
MENTAL	$15	$3,049	$202	$40	$9,875	$2,509
OTHER	$72	$288	$26,435	-	$1,071	$7,785
ALL ICFS	$82,374	$263,383	$1,029,874	$39,801	$302,573	$1,864,226
MENTAL	$81,165	$182,926	$57,964	$32,376	$221,671	$50,705
OTHER	$1,208	$80,457	$971,909	$7,425	$80,901	$1,813,520
SNFS	-	$11,679	$8,437	-	$17,510	$18,931
HOME HEALTH PROVIDERS	$885	$3,456	$1,636	$180	$11,321	$4,633
VOLUNTARY:	-	$39,914	$87,541	$4,567	$38,851	$271,286
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	$38,390	$85,885	$4,567	$37,526	$266,208
MENTAL	-	-	-	-	-	-
OTHER	-	$38,390	$85,885	$4,567	$37,526	$266,208
SNFS	-	-	-	-	-	$3,978
HOME HEALTH PROVIDERS	-	$1,524	$1,656	-	$1,325	$1,100
PROPRIETARY:	$1,439	$44,904	$369,917	$8,631	$30,620	$848,361
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	$1,439	$34,912	$365,717	$8,631	$28,733	$831,819
MENTAL	-	-	-	-	-	-
OTHER	$1,439	$34,912	$365,717	$8,631	$28,733	$831,819
SNFS	-	$9,991	$4,199	-	$1,887	$16,542
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[1]	-	$527	-	-	-	-

1* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 4: MEDICAID EXPENDITURES FOR LONG-TERM CARE SERVICES ON BEHALF OF SELECTED ELIGIBLES (OAA, AB, APTD) BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR TENNESSEE DURING 1974 (CATEGORICALLY NEEDY)

PROVIDER AND OWNERSHIP	WHITE MALES			WHITE FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:	$316,828	$2,206,539	$2,097,417	$295,126	$2,250,995	$5,353,405
LONG TERM HOSPITALS	$201	$14,344	$27,395	$42	$14,349	$27,250
MENTAL	$201	$6,134	$9,147	$42	$13,571	$3,219
OTHER	-	$8,209	$18,247	-	$778	$24,030
ALL ICFS	$314,488	$2,174,168	$2,052,319	$294,529	$2,208,603	$5,265,901
MENTAL	$312,297	$1,929,342	$47,856	$272,011	$1,911,910	$111,471
OTHER	$2,190	$244,826	$2,004,463	$22,517	$296,692	$5,154,429
SNFS	-	$3,269	$14,783	$28	$5,000	$54,242
HOME HEALTH PROVIDERS	$2,138	$14,756	$2,919	$526	$23,041	$6,011
VOLUNTARY:	-	$116,046	$643,440	$19,696	$197,255	$2,502,786
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	$113,714	$640,611	$19,696	$190,127	$2,486,236
MENTAL	-	-	-	-	-	-
OTHER	-	$113,714	$640,611	$19,696	$190,127	$2,486,236
SNFS	-	-	$126	-	-	$14,860
HOME HEALTH PROVIDERS	-	$2,332	$2,703	-	$7,128	$1,690
PROPRIETARY:	$5,651	$287,168	$2,198,610	$30,832	$503,485	$8,092,311
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	$5,651	$279,270	$2,186,548	$30,832	$499,399	$8,007,286
MENTAL	-	-	-	-	-	-
OTHER	$5,651	$279,270	$2,186,548	$30,832	$499,399	$8,007,286
SNFS	-	$7,897	$12,062	-	$4,085	$85,024
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[1]	-	-	$11,329	-	-	$10,719

1* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

CONT. FIGURE 9: MEDICAID EXPENDITURES FOR LONG-TERM CARE SERVICES ON BEHALF OF SELECTED ELIGIBLES (OAA, AB, APTD) BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR TENNESSEE DURING 1974 (CATEGORICALLY NEEDY)

PROVIDER AND OWNERSHIP	OTHER MALES			OTHER FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:	$143,123	$346,477	$1,176,350	$66,781	$399,849	$2,245,531
LONG TERM HOSPITALS	$15	$2,467	$7,365	-	$6,280	$20,191
MENTAL	$15	$1,843	$333	-	$5,269	$887
OTHER	-	$624	$7,032	-	$1,010	$19,304
ALL ICFS	$142,080	$328,465	$1,163,716	$66,731	$368,021	$2,187,102
MENTAL	$142,080	$210,382	$64,823	$57,479	$263,440	$65,515
OTHER	-	$118,083	$1,098,892	$9,251	$104,580	$2,121,587
SNFS	-	$10,107	$3,655	-	$8,512	$35,586
HOME HEALTH PROVIDERS	$1,027	$5,436	$1,612	$50	$17,035	$2,650
VOLUNTARY:	-	$60,643	$106,425	$9,598	$59,214	$342,830
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	$60,093	$105,808	$9,538	$56,101	$334,937
MENTAL	-	-	-	-	-	-
OTHER	-	$60,093	$105,808	$9,538	$56,101	$334,937
SNFS	-	-	-	-	-	$6,645
HOME HEALTH PROVIDERS	-	$550	$617	$60	$3,113	$1,248
PROPRIETARY:	-	$51,064	$485,392	$8,038	$82,774	$1,201,405
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	$50,255	$484,322	$8,038	$75,665	$1,186,796
MENTAL	-	-	-	-	-	-
OTHER	-	$50,255	$484,322	$8,038	$75,665	$1,186,796
SNFS	-	$808	$1,069	-	$7,109	$14,608
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[1]	-	-	$388	-	-	-

1* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 4: MEDICAID EXPENDITURES FOR LONG-TERM CARE SERVICES ON BEHALF OF SELECTED ELIGIBLES (OAA, AB, APTD) BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR TENNESSEE DURING 1974 (MEDICALLY NEEDY)

PROVIDER AND OWNERSHIP	WHITE MALES			WHITE FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:	$91,653	$138,917	$92,255	$73,353	$169,341	$313,427
LONG TERM HOSPITALS	-	-	-	-	$868	$266
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	$868	$266
ALL ICFS	$91,653	$137,971	$87,964	$73,353	$159,748	$298,234
MENTAL	$91,653	$75,601	$4,781	$73,353	$105,385	$915
OTHER	-	$62,370	$83,182	-	$54,362	$297,319
SNFS	-	$881	$3,998	-	$8,724	$14,925
HOME HEALTH PROVIDERS	-	$64	$293	-	-	-
VOLUNTARY:	-	$5,758	$28,456	-	$5,597	$223,673
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	$5,758	$28,456	-	$5,597	$222,885
MENTAL	-	-	-	-	-	-
OTHER	-	$5,758	$28,456	-	$5,597	$222,885
SNFS	-	-	-	-	-	$673
HOME HEALTH PROVIDERS	-	-	-	-	-	$115
PROPRIETARY:	$1,095	$41,058	$204,314	$2,265	$58,618	$835,910
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	$1,095	$41,058	$204,235	$2,265	$56,701	$827,226
MENTAL	-	-	-	-	-	-
OTHER	$1,095	$41,058	$204,235	$2,265	$56,701	$827,226
SNFS	-	-	$78	-	$1,916	$8,682
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE	-	-	-	-	-	-

1* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

CONT. FIGURE 4: MEDICAID EXPENDITURES FOR LONG-TERM CARE SERVICES ON BEHALF OF SELECTED ELIGIBLES (OAA, AB, APTD) BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR TENNESSEE DURING 1974 (MEDICALLY NEEDY)

PROVIDER AND OWNERSHIP	OTHER MALES			OTHER FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:	$50,404	$155,993	$118,601	$63,688	$19,923	$69,951
LONG TERM HOSPITALS	-	-	$173	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	$173	-	-	-
ALL ICFS	$50,404	$155,993	$118,427	$63,688	$19,923	$68,399
MENTAL	$50,404	$70,622	-	$63,688	$10,854	-
OTHER	-	$85,371	$118,427	-	$9,068	$68,399
SNFS	-	-	-	-	-	$1,551
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:	-	$11,474	$30,980	-	-	$6,655
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	$11,474	$30,980	-	-	$6,655
MENTAL	-	-	-	-	-	-
OTHER	-	$11,474	$30,980	-	-	$6,655
SNFS	-	-	-	-	-	-
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:	-	$18,454	$56,158	-	$19,853	$67,315
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	$18,454	$53,913	-	$19,853	$67,315
MENTAL	-	-	-	-	-	-
OTHER	-	$18,454	$53,913	-	$19,853	$67,315
SNFS	-	-	$2,244	-	-	-
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[1]	-	-	-	-	-	-

1* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 10: UTILIZATION AND EXPENDITURES FOR MEDICAID SERVICES IN 1973 ON BEHALF OF SELECTED 1974 MEDICAID ELIGIBLES FOR TENNESSEE (CATEGORICALLY NEEDY)

UTILIZATION OF SERVICES IN 1973 BY 1974 ELIGIBLES	LONG TERM HOSPITALS OTHER	LONG TERM HOSPITALS MENTAL	SNF SERVICES	ICF SERVICES MENTAL	ICF SERVICES OTHER	HOME HEALTH SERVICES	NO SERVICES RECEIVED IN 1973
NUMBER OF 1974 MEDICAID ELIGIBLES RECEIVING SERVICES DURING 1973[1]	200	760	485	1,216	7,732	571	51,024
UNITS OF SERVICE RECEIVED DURING 1973 BY 1974 MEDICAID ELIGIBLES	1,958	193	10,171	176,678	1,037,453	4,450	
MEDICAID EXPENDITURES IN 1973 FOR SERVICES RECEIVED BY 1974 MEDICAID ELIGIBLES	$150,344	$54,828	$492,562	$4,221,240	$21,109,939	$88,304	

1* AN INDIVIDUAL MAY APPEAR SEVERAL TIMES IN THIS ROW IF HE SEES MULTIPLE PROVIDERS.

FIGURE 10: UTILIZATION AND EXPENDITURES FOR MEDICAID SERVICES IN 1973 ON BEHALF OF SELECTED 1974 MEDICAID ELIGIBLES FOR TENNESSEE (MEDICALLY NEEDY)

UTILIZATION OF SERVICES IN 1973 BY 1974 ELIGIBLES	LONG TERM HOSPITALS		SNF	ICF SERVICES		HOME HEALTH	NO SERVICES RECEIVED IN 1973
	OTHER	MENTAL	SERVICES	MENTAL	OTHER	SERVICES	
NUMBER OF 1974 MEDICAID ELIGIBLES RECEIVING SERVICES DURING 1973[1]	-	-	-	-	-	-	3,435
UNITS OF SERVICE RECEIVED DURING 1973 BY 1974 MEDICAID ELIGIBLES	-	-	-	-	-	-	
MEDICAID EXPENDITURES IN 1973 FOR SERVICES RECEIVED BY 1974 MEDICAID ELIGIBLES	-	-	-	-	-	-	

1* AN INDIVIDUAL MAY APPEAR SEVERAL TIMES IN THIS ROW IF HE SEES MULTIPLE PROVIDERS.

FIGURE 11: BASIS OF PROGRAM ELIGIBILITY FOR MEDICAID IN 1973 FOR SELECTED CATEGORIES OF THE 1974 MEDICAID ELIGIBLE POPULATION FOR TENNESSEE

BASIS OF ELIGIBILITY IN DECEMBER 1974	BASIS OF ELIGIBILITY IN DECEMBER 1973						
	CATEGORICALLY NEEDY			MEDICALLY NEEDY			NOT ELIGIBLE FOR OAA, AB, APTD PROGRAMS IN DEC 1973
	OAA	AB	APTD	OAA	AB	APTD	
CATEGORICALLY NEEDY							
OAA	40,418	2	40	-	-	-	15,137
AB	2	1,352	-	-	-	-	127
APTD	69	8	22,473	-	-	-	10,858
MEDICALLY NEEDY							
OAA	-	-	-	-	-	-	2,010
AB	-	-	-	-	-	-	5
APTD	-	-	-	-	-	3	995
NOT ELIGIBLE FOR OAA, AB, APTD PROGRAMS IN DEC 1974	6,216	90	2,137	-	-	-	-

FIGURE 12: LONG TERM CARE UTILIZATION AND EXPENDITURES UNDER MEDICAID ON BEHALF OF SELECTED ELIGIBLES BY QUARTER AND BY TYPE OF SERVICE FOR TENNESSEE DURING 1974 (CATEGORICALLY NEEDY)

MEDICAID UTILIZATION AND EXPENDITURES DURING 1974 FOR AGED, BLIND, AND DISABLED	LONG TERM HOSPITALS		SKILLED NURSING FACILITIES	INTERMEDIATE CARE FACILITIES		HOME HEALTH SERVICES
	OTHER	MENTAL		MENTAL	OTHER	
UTILIZATION OF SERVICES[1,2]						
JANUARY - MARCH	342	197	4,877	103,022	640,444	2,353
APRIL - JUNE	616	155	4,211	99,910	654,339	1,795
JULY - SEPTEMBER	377	30	3,796	95,767	611,968	1,747
OCTOBER - DECEMBER	98	9	2,563	90,210	563,888	1,462
MEDICAID EXPENDITURES[2]						
JANUARY - MARCH	$22,985	$19,195	$95,191	$1,186,509	$6,912,641	$28,082
APRIL - JUNE	$30,442	$15,722	$88,731	$1,358,516	$7,288,790	$20,652
JULY - SEPTEMBER	$18,382	$4,966	$94,966	$1,405,921	$7,459,412	$24,404
OCTOBER - DECEMBER	$7,426	$783	$67,799	$1,437,662	$7,119,313	$23,930

1* UTILIZATION IS EXPRESSED IN PATIENT-DAYS FOR HOSPITALS, SNF'S, AND ICF'S, AND IN VISITS FOR HOME HEALTH SERVICES.

2* INCLUDES SERVICES AND EXPENDITURES FOR IN-STATE PROVIDERS ONLY.

FIGURE 12: LONG TERM CARE UTILIZATION AND EXPENDITURES UNDER MEDICAID ON BEHALF OF SELECTED ELIGIBLES BY QUARTER AND BY TYPE OF SERVICE FOR TENNESSEE DURING 1974 (MEDICALLY NEEDY)

MEDICAID UTILIZATION AND EXPENDITURES DURING 1974 FOR AGED, BLIND, AND DISABLED	LONG TERM HOSPITALS		SKILLED NURSING FACILITIES	INTERMEDIATE CARE FACILITIES		HOME HEALTH SERVICES
	OTHER	MENTAL		MENTAL	OTHER	
UTILIZATION OF SERVICES[1,2]						
JANUARY - MARCH	52	-	-	5,469	3,897	-
APRIL - JUNE	-	-	110	10,051	23,285	-
JULY - SEPTEMBER	9	-	545	12,204	70,742	14
OCTOBER - DECEMBER	19	-	1,209	12,508	119,356	21
MEDICAID EXPENDITURES[2]						
JANUARY - MARCH	$868	-	-	$67,357	$39,234	-
APRIL - JUNE	-	-	$2,761	$137,209	$252,369	-
JULY - SEPTEMBER	$107	-	$14,407	$177,111	$795,132	$179
OCTOBER - DECEMBER	$332	-	$29,693	$205,981	$1,375,685	$293

1* UTILIZATION IS EXPRESSED IN PATIENT-DAYS FOR HOSPITALS, SNF'S, AND ICF'S, AND IN VISITS FOR HOME HEALTH SERVICES.

2* INCLUDES SERVICES AND EXPENDITURES FOR IN-STATE PROVIDERS ONLY.

MEDICAID ELIGIBILITY, UTILIZATION AND EXPENDITURES IN ALABAMA*

*Before utilizing the data in these tabulations, consult the Technical Notes beginning on p.A.376.

FIGURE 1: CHARACTERISTICS OF SELECTED MEDICAID ELIGIBLES BY BASIS OF PROGRAM ELIGIBILITY FOR ALABAMA DURING 1973 (CATEGORICALLY NEEDY)

CHARACTERISTICS OF ELIGIBLE PERSONS	UNDUPLICATED TOTAL	BASIS OF PROGRAM ELIGIBILITY[1] OAA	AB	APTD
PROGRAM TOTALS	164,994	136,577	2,255	26,162
WHITE MALES	31,006	23,667	560	6,781
UNDER 22	346	-	48	298
22 - 64	6,635	26	487	6,122
OVER 64	24,027	23,641	25	361
WHITE FEMALES	63,071	54,216	579	8,276
UNDER 22	255	-	45	210
22 - 64	8,045	41	504	7,500
OVER 64	54,771	54,175	30	566
OTHER MALES	22,530	17,622	470	4,438
UNDER 22	266	-	28	238
22 - 64	4,341	12	411	3,918
OVER 64	17,923	17,610	31	282
OTHER FEMALES	47,423	40,280	637	6,506
UNDER 22	228	-	21	207
22 - 64	6,465	28	575	5,862
OVER 64	40,730	40,252	41	437

1* AN INDIVIDUAL MAY APPEAR IN MORE THAN ONE COLUMN IF HE CHANGED PROGRAMS DURING THE YEAR, BUT APPEARS ONLY ONCE IN THE TOTAL COLUMN.

FIGURE 1: CHARACTERISTICS OF SELECTED MEDICAID ELIGIBLES BY BASIS OF PROGRAM ELIGIBILITY FOR ALABAMA DURING 1974 (CATEGORICALLY NEEDY)

CHARACTERISTICS OF ELIGIBLE PERSONS	BASIS OF PROGRAM ELIGIBILITY[1]			
	UNDUPLICATED TOTAL	OAA	AB	APTD
PROGRAM TOTALS	195,896	144,823	2,610	48,463
WHITE MALES	35,916	24,360	638	10,918
UNDER 22	1,034	-	69	965
22 - 64	10,413	333	542	9,538
OVER 64	24,469	24,027	27	415
WHITE FEMALES	69,388	55,804	644	12,940
UNDER 22	688	-	54	634
22 - 64	12,853	620	555	11,678
OVER 64	55,847	55,184	35	628
OTHER MALES	29,814	19,576	560	9,678
UNDER 22	1,701	-	63	1,638
22 - 64	8,496	353	464	7,679
OVER 64	19,617	19,223	33	361
OTHER FEMALES	58,251	43,769	748	13,734
UNDER 22	1,410	-	45	1,365
22 - 64	13,171	718	659	11,794
OVER 64	43,670	43,051	44	575

1* AN INDIVIDUAL MAY APPEAR IN MORE THAN ONE COLUMN IF HE CHANGED PROGRAMS DURING THE YEAR, BUT APPEARS ONLY ONCE IN THE TOTAL COLUMN.

FIGURE 2: PERCENT DISTRIBUTION OF SELECTED MEDICAID ELIGIBLES BY BASIS OF PROGRAM ELIGIBILITY FOR ALABAMA DURING 1973 (CATEGORICALLY NEEDY)

CHARACTERISTICS OF ELIGIBLE PERSONS	UNDUPLICATED TOTAL	BASIS OF PROGRAM ELIGIBILITY[1]		
		OAA	AB	APTD
PROGRAM TOTALS	100.0	100.0	100.0	100.0
WHITE MALES	18.7	17.3	24.8	25.9
UNDER 22	.2	-	2.1	1.1
22 - 64	4.0	-	21.5	23.4
OVER 64	14.5	17.3	1.1	1.3
WHITE FEMALES	38.2	39.6	25.6	31.6
UNDER 22	.1	-	1.9	.8
22 - 64	4.8	-	22.3	28.6
OVER 64	33.1	39.6	1.3	2.1
OTHER MALES	13.6	12.9	20.8	16.9
UNDER 22	.1	-	1.2	.9
22 - 64	2.6	-	18.2	14.9
OVER 64	10.8	12.8	1.3	1.0
OTHER FEMALES	28.7	29.4	28.2	24.8
UNDER 22	.1	-	.9	.7
22 - 64	3.9	-	25.4	22.4
OVER 64	24.6	29.4	1.8	1.6

1* AN INDIVIDUAL MAY APPEAR IN MORE THAN ONE COLUMN IF HE CHANGED PROGRAMS DURING THE YEAR, BUT APPEARS ONLY ONCE IN THE TOTAL COLUMN.

FIGURE 2: PERCENT DISTRIBUTION OF SELECTED MEDICAID ELIGIBLES BY BASIS OF PROGRAM ELIGIBILITY FOR ALABAMA DURING 1974 (CATEGORICALLY NEEDY)

CHARACTERISTICS OF ELIGIBLE PERSONS	UNDUPLICATED TOTAL	BASIS OF PROGRAM ELIGIBILITY[1] OAA	AB	APTD
PROGRAM TOTALS	100.0	100.0	100.0	100.0
WHITE MALES	18.3	16.8	24.4	22.5
UNDER 22	.5	-	2.6	1.9
22 - 64	5.3	.2	20.7	19.6
OVER 64	12.4	16.5	1.0	.8
WHITE FEMALES	35.4	38.5	24.6	26.7
UNDER 22	.3	-	2.0	1.3
22 - 64	6.5	.4	21.2	24.0
OVER 64	28.5	38.1	1.3	1.2
OTHER MALES	15.2	13.5	21.4	19.9
UNDER 22	.8	-	2.4	3.3
22 - 64	4.3	.2	17.7	15.8
OVER 64	10.0	13.2	1.2	.7
OTHER FEMALES	29.7	30.2	28.6	28.3
UNDER 22	.7	-	1.7	2.8
22 - 64	6.7	.4	25.2	24.3
OVER 64	22.2	29.7	1.6	1.1

1* AN INDIVIDUAL MAY APPEAR IN MORE THAN ONE COLUMN IF HE CHANGED PROGRAMS DURING THE YEAR, BUT APPEARS ONLY ONCE IN THE TOTAL COLUMN.

FIGURE 3: PROFILES OF SELECTED MEDICAID ELIGIBLES AND TOTAL STATE POPULATION OF ALABAMA DURING 1973 (CATEGORICALLY NEEDY)

CHARACTERISTICS OF ELIGIBLE PERSONS	ALL STATE RESIDENTS		MEDICAID ELIGIBLES (OAA, AB, APTD)		RECIPIENTS[1] NONINSTITUTIONALIZED		RECIPIENTS[1] INSTITUTIONALIZED	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
TOTALS	3,444,165	100.0	164,994	100.0	74,223	100.0	867	100.0
WHITE MALES	1,235,489	35.8	31,008	18.7	13,899	18.7	214	24.6
UNDER 22	516,636	15.0	346	.2	94	.1	-	-
22 - 64	620,988	18.0	6,635	4.0	2,935	3.9	46	5.3
OVER 64	98,865	2.8	24,027	14.5	10,870	14.6	168	19.3
WHITE FEMALES	1,298,342	37.6	63,071	38.2	30,913	41.6	538	62.0
UNDER 22	497,676	14.4	255	.1	72	-	2	.2
22 - 64	659,800	19.1	8,045	4.8	4,070	5.4	46	5.3
OVER 64	140,866	4.0	54,771	33.1	26,771	36.0	490	56.5
OTHER MALES	426,452	12.3	22,530	13.6	8,698	11.7	50	5.7
UNDER 22	231,731	6.7	266	.1	78	.1	-	-
22 - 64	158,180	4.5	4,341	2.6	1,773	2.3	12	1.3
OVER 64	36,541	1.0	17,923	10.8	6,847	9.2	38	4.3
OTHER FEMALES	483,882	14.0	47,423	28.7	20,301	27.3	64	7.3
UNDER 22	235,208	6.8	228	.1	59	-	-	-
22 - 64	198,985	5.7	6,465	3.9	3,031	4.0	12	1.3
OVER 64	49,689	1.4	40,730	24.6	17,211	23.1	52	5.9

1* INCLUDES RECIPIENTS OF SERVICES FROM IN-STATE PROVIDERS ONLY.

FIGURE 3: PROFILES OF SELECTED MEDICAID ELIGIBLES AND TOTAL STATE POPULATION OF ALABAMA DURING 1974 (CATEGORICALLY NEEDY)

CHARACTERISTICS OF ELIGIBLE PERSONS	ALL STATE RESIDENTS		MEDICAID ELIGIBLES (OAA, AB, APTD)		RECIPIENTS[1] NONINSTITUTIONALIZED		RECIPIENTS[1] INSTITUTIONALIZED	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
TOTALS	3,444,165	100.0	195,896	100.0	93,565	100.0	15,468	100.0
WHITE MALES	1,235,489	35.8	35,916	18.3	15,826	16.9	3,272	21.1
UNDER 22	516,636	15.0	1,634	.5	320	.3	23	.1
22 - 64	620,588	18.0	10,413	5.3	3,447	3.6	471	3.0
OVER 64	98,865	2.8	24,469	12.4	12,059	12.8	2,778	17.9
WHITE FEMALES	1,298,342	37.6	69,388	35.4	33,755	36.0	9,579	61.9
UNDER 22	497,676	14.4	688	.3	210	.2	20	.1
22 - 64	659,800	19.1	12,853	6.5	5,269	5.6	701	4.5
OVER 64	140,866	4.0	55,847	28.5	28,276	30.2	8,858	57.2
OTHER MALES	426,452	12.3	29,814	15.2	13,279	14.1	763	4.9
UNDER 22	231,731	6.7	1,701	.8	456	.4	15	-
22 - 64	158,180	4.5	8,496	4.3	2,735	2.9	127	.8
OVER 64	36,541	1.0	19,617	10.0	10,088	10.7	621	4.0
OTHER FEMALES	483,882	14.0	58,251	29.7	30,432	32.5	1,829	11.8
UNDER 22	235,208	6.8	1,410	.7	435	.4	9	-
22 - 64	198,985	5.7	13,171	6.7	5,504	5.8	207	1.3
OVER 64	49,689	1.4	43,670	22.2	24,493	26.1	1,613	10.4

1* INCLUDES RECIPIENTS OF SERVICES FROM IN-STATE PROVIDERS ONLY.

FIGURE 4: UTILIZATION OF LONG-TERM CARE SERVICES BY OWNERSHIP OF PROVIDER FOR ALABAMA DURING 1973 (CATEGORICALLY NEEDY)

OWNERSHIP OF AGENCY OR INSTITUTION	LONG TERM HOSPITALS[1]		SNFS[1]	ICF SERVICES[1]		HOME HEALTH PROVIDERS[1]
	OTHER	MENTAL		MENTAL	OTHER	
TOTAL UTILIZATION[2]	153	-	13,423	-	6,634	4,094
PUBLIC	153	-	1,525	-	258	-
VOLUNTARY	-	-	242	-	302	4,094
PROPRIETARY	-	-	11,656	-	6,074	-

1* INCLUDES IN-STATE MEDICAID-CERTIFIED PROVIDERS ONLY.

2* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS. INCLUDES UTILIZATION BY OAA, AB, AND APTD RECIPIENTS.

FIGURE 4: UTILIZATION OF LONG-TERM CARE SERVICES BY OWNERSHIP OF PROVIDER FOR ALABAMA DURING 1974 (CATEGORICALLY NEEDY)

OWNERSHIP OF AGENCY OR INSTITUTION	LONG TERM HOSPITALS[1]		SNFS[1]	ICF SERVICES[1]		HOME HEALTH PROVIDERS[1]
	OTHER	MENTAL		MENTAL	OTHER	
TOTAL UTILIZATION[2]	20	-	2,347,114	-	1,222,535	13,393
PUBLIC	20	-	393,239	-	101,541	-
VOLUNTARY	-	-	81,738	-	78,798	13,393
PROPRIETARY	-	-	1,872,137	-	1,042,196	-

1* INCLUDES IN-STATE MEDICAID-CERTIFIED PROVIDERS ONLY.

2* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS. INCLUDES UTILIZATION BY OAA, AB, AND APTD RECIPIENTS.

FIGURE 5: UTILIZATION OF SERVICES AND REIMBURSMENT UNDER MEDICAID BY SELECTED BASES OF PROGRAM ELIGIBILITY FOR ALABAMA DURING 1973 (CATEGORICALLY NEEDY)

BASIS OF PROGRAM ELIGIBILITY	LONG TERM HOSPITALS OTHER	LONG TERM HOSPITALS MENTAL	SNF SERVICES	ICF SERVICES MENTAL	ICF SERVICES OTHER	HOME HEALTH SERVICES
TOTAL NUMBER OF MEDICAID RECIPIENTS 1	9	-	596	-	277	276
OAA	2	-	531	-	222	123
AB	1	-	1	-	1	5
APTD	6	-	64	-	54	148
TOTAL UNITS OF SERVICE	153	-	12,837	-	6,380	3,997
OAA	34	-	10,939	-	5,078	1,597
AB	29	-	35	-	5	111
APTD	90	-	1,863	-	1,297	2,289
TOTAL MEDICAID EXPENDITURES	$11,318	-	$138,531	-	$61,192	$45,483
OAA	$2,542	-	$118,622	-	$48,247	$15,547
AB	$2,146	-	$397	-	$62	$1,163
APTD	$6,630	-	$19,511	-	$12,882	$28,772
MEAN LENGTH OF STAY	17.0	-	21.5	-	23.0	-
OAA	17.0	-	20.6	-	22.8	-
AB	29.0	-	35.0	-	5.0	-
APTD	15.0	-	29.1	-	24.0	-

1* AN INDIVIDUAL MAY APPEAR SEVERAL TIMES IN A ROW (HE SEES MULTIPLE PROVIDERS), AND MAY APPEAR MORE THAN ONCE IN EACH COLUMN IF HE CHANGED PROGRAMS DURING THE YEAR.

FIGURE 5: UTILIZATION OF SERVICES AND REIMBURSMENT UNDER MEDICAID BY SELECTED BASES OF PROGRAM ELIGIBILITY FOR ALABAMA DURING 1974 (CATEGORICALLY NEEDY)

BASIS OF PROGRAM ELIGIBILITY	LONG TERM HOSPITALS OTHER	LONG TERM HOSPITALS MENTAL	SNF SERVICES	ICF SERVICES MENTAL	ICF SERVICES OTHER	HOME HEALTH SERVICES
TOTAL NUMBER OF MEDICAID RECIPIENTS 1	1	-	10,818	-	5,426	642
OAA	-	-	9,952	-	4,576	381
AB	-	-	13	-	19	-
APTD	1	-	853	-	831	261
TOTAL UNITS OF SERVICE	20	-	2,316,787	-	1,210,058	13,294
OAA	-	-	2,138,338	-	1,019,228	8,147
AB	-	-	2,616	-	5,005	-
APTD	20	-	175,833	-	185,825	5,147
TOTAL MEDICAID EXPENDITURES	$1,500	-	$29,802,874	-	$13,018,610	$124,728
OAA	-	-	$27,478,362	-	$10,910,320	$65,505
AB	-	-	$31,125	-	$53,289	-
APTD	$1,500	-	$2,293,386	-	$2,055,000	$59,222
MEAN LENGTH OF STAY	20.0	-	214.1	-	223.0	-
OAA	-	-	214.8	-	222.7	-
AB	-	-	201.2	-	263.4	-
APTD	20.0	-	206.1	-	223.6	-

1* AN INDIVIDUAL MAY APPEAR SEVERAL TIMES IN A ROW (HE SEES MULTIPLE PROVIDERS), AND MAY APPEAR MORE THAN ONCE IN EACH COLUMN IF HE CHANGED PROGRAMS DURING THE YEAR.

FIGURE 6: UNITS OF LONG-TERM CARE SERVICES FOR SELECTED MEDICAID ELIGIBLES BY PROVIDER TYPE FOR ALABAMA DURING 1973 (CATEGORICALLY NEEDY)[1]

PROVIDER AND OWNERSHIP	BASIS OF PROGRAM ELIGIBILITY OAA	AB	APTD
PUBLIC:			
LONG TERM HOSPITALS	34	29	90
MENTAL	-	-	-
OTHER	34	29	90
ALL ICFS	165	5	82
MENTAL	-	-	-
OTHER	165	5	82
SNFS	1,435	-	54
HOME HEALTH PROVIDERS	-	-	-
VOLUNTARY:			
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	271	-	-
MENTAL	-	-	-
OTHER	271	-	-
SNFS	228	-	-
HOME HEALTH PROVIDERS	1,597	111	2,289
PROPRIETARY:			
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	4,642	-	1,215
MENTAL	-	-	-
OTHER	4,642	-	1,215
SNFS	9,276	35	1,809
HOME HEALTH PROVIDERS	-	-	-
OUT-OF-STATE[2]	-	-	-

1* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS, AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS.

2* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 6: UNITS OF LONG-TERM CARE SERVICES FOR SELECTED MEDICAID ELIGIBLES BY PROVIDER TYPE FOR ALABAMA DURING 1974 (CATEGORICALLY NEEDY)[1]

PROVIDER AND OWNERSHIP	BASIS OF PROGRAM ELIGIBILITY OAA	AB	APTD
PUBLIC:			
LONG TERM HOSPITALS	-	-	20
MENTAL	-	-	-
OTHER	-	-	20
ALL ICFS	84,219	1,816	13,624
MENTAL	-	-	-
OTHER	84,219	1,816	13,624
SNFS	364,288	496	24,072
HOME HEALTH PROVIDERS	-	-	-
VOLUNTARY:			
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	66,597	363	11,136
MENTAL	-	-	-
OTHER	66,597	363	11,136
SNFS	76,950	-	4,238
HOME HEALTH PROVIDERS	8,147	-	5,147
PROPRIETARY:			
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	868,412	2,826	161,065
MENTAL	-	-	-
OTHER	868,412	2,826	161,065
SNFS	1,697,100	2,120	147,523
HOME HEALTH PROVIDERS	-	-	-
OUT-OF-STATE[2]	-	-	-

1* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS, AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS.

2* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 7: MEDICAID EXPENDITURES FOR LONG-TERM CARE SERVICES BY PROVIDER TYPE FOR SELECTED MEDICAID ELIGIBLES FOR ALABAMA DURING 1973 (CATEGORICALLY NEEDY)

PROVIDER AND OWNERSHIP	BASIS OF PROGRAM ELIGIBILITY		
	OAA	AB	APTD
PUBLIC:	$20,095	$2,208	$8,001
LONG TERM HOSPITALS	$2,542	$2,146	$6,630
MENTAL	-	-	-
OTHER	$2,542	$2,146	$6,630
ALL ICFS	$1,333	$62	$847
MENTAL	-	-	-
OTHER	$1,333	$62	$847
SNFS	$16,220	-	$524
HOME HEALTH PROVIDERS	-	-	-
VOLUNTARY:	$19,897	$1,163	$28,772
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	$1,817	-	-
MENTAL	-	-	-
OTHER	$1,817	-	-
SNFS	$2,533	-	-
HOME HEALTH PROVIDERS	$15,547	$1,163	$28,772
PROPRIETARY:	$144,965	$397	$31,021
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	$45,096	-	$12,034
MENTAL	-	-	-
OTHER	$45,096	-	$12,034
SNFS	$99,869	$397	$18,987
HOME HEALTH PROVIDERS	-	-	-
OUT-OF-STATE[1]	-	-	-

1* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 7: MEDICAID EXPENDITURES FOR LONG-TERM CARE SERVICES BY PROVIDER TYPE FOR SELECTED MEDICAID ELIGIBLES FOR ALABAMA DURING 1974 (CATEGORICALLY NEEDY)

PROVIDER AND OWNERSHIP	BASIS OF PROGRAM ELIGIBILITY OAA	AB	APTD
PUBLIC:	$5,742,189	$28,048	$473,831
LONG TERM HOSPITALS	-	-	$1,500
MENTAL	-	-	-
OTHER	-	-	$1,500
ALL ICFS	$872,490	$21,874	$151,524
MENTAL	-	-	-
OTHER	$872,490	$21,874	$151,524
SNFS	$4,869,699	$6,173	$320,807
HOME HEALTH PROVIDERS	-	-	-
VOLUNTARY:	$1,825,920	$3,894	$250,087
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	$743,260	$3,894	$132,009
MENTAL	-	-	-
OTHER	$743,260	$3,894	$132,009
SNFS	$1,017,154	-	$58,855
HOME HEALTH PROVIDERS	$65,505	-	$59,222
PROPRIETARY:	$30,886,079	$52,471	$3,685,190
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	$9,294,570	$27,520	$1,771,467
MENTAL	-	-	-
OTHER	$9,294,570	$27,520	$1,771,467
SNFS	$21,591,509	$24,951	$1,913,723
HOME HEALTH PROVIDERS	-	-	-
OUT-OF-STATE[1]	-	-	-

1* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 8: UNITS OF LONG TERM CARE SERVICES FOR SELECTED MEDICAID ELIGIBLES BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR ALABAMA DURING 1973 (CATEGORICALLY NEEDY)[1]

PROVIDER AND OWNERSHIP	WHITE MALES			WHITE FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:						
LONG TERM HOSPITALS	-	13	44	-	-	91
MENTAL	-	-	-	-	-	-
OTHER	-	13	44	-	-	91
ALL ICFS	-	31	117	-	23	48
MENTAL	-	-	-	-	-	-
OTHER	-	31	117	-	23	48
SNFS	-	13	431	-	41	904
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	-	-	-	-	250
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	250
SNFS	-	-	35	-	-	132
HOME HEALTH PROVIDERS	40	200	320	-	439	1,039
PROPRIETARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	355	1,352	214	441	2,488
MENTAL	-	-	-	-	-	-
OTHER	-	355	1,352	214	441	2,488
SNFS	-	553	2,307	54	572	5,784
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[2]	-	-	-	-	-	-

1* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS, AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS.

2* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

CONT. FIGURE 8: UNITS OF LONG TERM CARE SERVICES FOR SELECTED MEDICAID ELIGIBLES BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR ALABAMA DURING 1973 (CATEGORICALLY NEEDY)[1]

PROVIDER AND OWNERSHIP	OTHER MALES			OTHER FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	5	-	-	23	5
MENTAL	-	-	-	-	-	-
OTHER	-	5	-	-	23	5
SNFS	-	-	-	-	-	87
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	-	3	-	-	18
MENTAL	-	-	-	-	-	-
OTHER	-	-	3	-	-	18
SNFS	-	-	2	-	-	63
HOME HEALTH PROVIDERS	12	187	189	4	583	975
PROPRIETARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	63	380	-	142	422
MENTAL	-	-	-	-	-	-
OTHER	-	63	380	-	142	422
SNFS	-	169	578	-	284	819
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[2]	-	-	-	-	-	-

1* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS, AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS.

2* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 4: UNITS OF LONG TERM CARE SERVICES FOR SELECTED MEDICAID ELIGIBLES BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR ALABAMA DURING 1974 (CATEGORICALLY NEEDY)[1]

PROVIDER AND OWNERSHIP	WHITE MALES			WHITE FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:						
LONG TERM HOSPITALS	-	-	-	-	20	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	20	-
ALL ICFS	361	2,351	16,037	-	8,500	53,285
MENTAL	-	-	-	-	-	-
OTHER	361	2,351	16,037	-	8,500	53,285
SNFS	116	8,084	64,139	-	12,424	270,167
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	2,052	8,487	-	3,661	33,339
MENTAL	-	-	-	-	-	-
OTHER	-	2,052	8,487	-	3,661	33,339
SNFS	-	1,312	10,160	-	1,048	57,204
HOME HEALTH PROVIDERS	133	710	1,029	-	1,407	3,456
PROPRIETARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	1,066	56,338	202,576	859	68,023	517,804
MENTAL	-	-	-	-	-	-
OTHER	1,066	56,338	202,576	859	68,023	517,804
SNFS	3,423	43,300	295,026	3,916	65,539	1,184,989
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[2]	-	-	-	-	-	-

1* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS, AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS.

2* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

CONT. FIGURE A: UNITS OF LONG TERM CARE SERVICES FOR SELECTED MEDICAID ELIGIBLES BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR ALABAMA DURING 1974 (CATEGORICALLY NEEDY)[1]

PROVIDER AND OWNERSHIP	OTHER MALES			OTHER FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	364	724	2,651	-	1,544	13,547
MENTAL	-	-	-	-	-	-
OTHER	364	724	2,651	-	1,544	13,547
SNFS	-	736	6,426	-	2,053	24,313
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	1,951	7,193	306	2,295	18,812
MENTAL	-	-	-	-	-	-
OTHER	-	1,951	7,193	306	2,295	18,812
SNFS	222	925	3,219	-	551	6,241
HOME HEALTH PROVIDERS	47	634	647	26	1,940	3,251
PROPRIETARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	573	11,565	50,220	-	17,301	104,632
MENTAL	-	-	-	-	-	-
OTHER	573	11,565	50,220	-	17,301	104,632
SNFS	1,503	10,174	49,010	1,590	14,003	171,419
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[2]	-	-	-	-	-	-

1* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS, AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS.

2* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 9: MEDICAID EXPENDITURES FOR LONG-TERM CARE SERVICES ON BEHALF OF SELECTED ELIGIBLES (OAA, AB, APTD) BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR ALABAMA DURING 1973 (CATEGORICALLY NEEDY)

PROVIDER AND OWNERSHIP	WHITE MALES UNDER 22	WHITE MALES 22-64	WHITE MALES OVER 64	WHITE FEMALES UNDER 22	WHITE FEMALES 22-64	WHITE FEMALES OVER 64
PUBLIC:	-	$1,490	$10,409	-	$611	$16,129
LONG TERM HOSPITALS	-	$966	$3,256	-	-	$6,730
MENTAL	-	-	-	-	-	-
OTHER	-	$966	$3,256	-	-	$6,730
ALL ICFS	-	$333	$1,052	-	$278	$281
MENTAL	-	-	-	-	-	-
OTHER	-	$333	$1,052	-	$278	$281
SNFS	-	$191	$6,101	-	$333	$9,118
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:	$445	$2,276	$740	-	$4,995	$14,752
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	-	-	-	-	$1,626
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	$1,626
SNFS	-	-	$376	-	-	$1,307
HOME HEALTH PROVIDERS	$445	$2,276	$364	-	$4,995	$11,819
PROPRIETARY:	-	$9,533	$35,717	$2,340	$10,945	$86,269
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	$3,681	$12,560	$1,757	$4,464	$24,069
MENTAL	-	-	-	-	-	-
OTHER	-	$3,681	$12,560	$1,757	$4,464	$24,069
SNFS	-	$5,851	$23,157	$583	$6,481	$62,200
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[1]	-	-	-	-	-	-

1* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

CONT. FIGURE 9: MEDICAID EXPENDITURES FOR LONG-TERM CARE SERVICES ON BEHALF OF SELECTED ELIGIBLES (OAA, AB, APTD) BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR ALABAMA DURING 1973 (CATEGORICALLY NEEDY)

PROVIDER AND OWNERSHIP	OTHER MALES			OTHER FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:	-	$62	-	-	$172	$902
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	$62	-	-	$172	$62
MENTAL	-	-	-	-	-	-
OTHER	-	$62	-	-	$172	$62
SNFS	-	-	-	-	-	$839
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:	$136	$2,123	$2,219	$45	$6,634	$12,153
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	-	$24	-	-	$165
MENTAL	-	-	-	-	-	-
OTHER	-	-	$24	-	-	$165
SNFS	-	-	$45	-	-	$895
HOME HEALTH PROVIDERS	$136	$2,123	$2,150	$45	$6,634	$11,093
PROPRIETARY:	-	$2,530	$10,958	-	$4,561	$13,527
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	$559	$4,320	-	$1,571	$4,146
MENTAL	-	-	-	-	-	-
OTHER	-	$559	$4,320	-	$1,571	$4,146
SNFS	-	$1,971	$6,637	-	$2,989	$9,381
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[1]	-	-	-	-	-	-

1* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 4: MEDICAID EXPENDITURES FOR LONG-TERM CARE SERVICES ON BEHALF OF SELECTED ELIGIBLES (OAA, AB, APTD) BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR ALABAMA DURING 1974 (CATEGORICALLY NEEDY)

PROVIDER AND OWNERSHIP	WHITE MALES			WHITE FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:	$4,973	$131,809	$1,019,061	-	$260,135	$4,134,007
LONG TERM HOSPITALS	-	-	-	-	$1,500	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	$1,500	-
ALL ICFS	$3,124	$26,006	$171,881	-	$96,416	$540,383
MENTAL	-	-	-	-	-	-
OTHER	$3,124	$26,006	$171,881	-	$96,416	$540,383
SNFS	$1,849	$105,803	$847,179	-	$162,218	$3,593,623
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:	$1,967	$52,183	$214,561	-	$74,829	$1,160,566
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	$22,236	$82,711	-	$43,740	$370,717
MENTAL	-	-	-	-	-	-
OTHER	-	$22,236	$82,711	-	$43,740	$370,717
SNFS	-	$20,611	$121,642	-	$12,540	$761,398
HOME HEALTH PROVIDERS	$1,967	$9,334	$10,206	-	$18,548	$28,450
PROPRIETARY:	$63,345	$1,133,821	$5,768,877	$68,035	$1,600,896	$20,508,977
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	$13,704	$596,200	$2,130,231	$9,596	$751,849	$5,478,832
MENTAL	-	-	-	-	-	-
OTHER	$13,704	$596,200	$2,130,231	$9,596	$751,849	$5,478,832
SNFS	$49,644	$537,620	$3,638,646	$58,439	$849,047	$15,030,145
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[1]	-	-	-	-	-	-

1* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

CONT. FIGURE 9: MEDICAID EXPENDITURES FOR LONG-TERM CARE SERVICES ON BEHALF OF SELECTED ELIGIBLES (OAA, AB, APTD) BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR ALABAMA DURING 1974 (CATEGORICALLY NEEDY)

PROVIDER AND OWNERSHIP	OTHER MALES			OTHER FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:	$3,111	$19,744	$119,147	-	$45,474	$499,187
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	$3,111	$8,013	$28,982	-	$17,362	$147,899
MENTAL	-	-	-	-	-	-
OTHER	$3,111	$8,013	$28,982	-	$17,362	$147,899
SNFS	-	$11,730	$90,165	-	$28,111	$351,288
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:	$4,560	$44,715	$127,026	$4,136	$52,677	$338,208
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	$24,995	$81,187	$3,762	$26,263	$223,548
MENTAL	-	-	-	-	-	-
OTHER	-	$24,995	$81,187	$3,762	$26,263	$223,548
SNFS	$3,930	$11,852	$41,597	-	$8,423	$89,741
HOME HEALTH PROVIDERS	$630	$7,867	$4,242	$374	$17,991	$24,917
PROPRIETARY:	$30,320	$259,907	$1,194,123	$25,193	$402,461	$3,513,282
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	$6,586	$129,342	$561,311	-	$208,038	$1,191,648
MENTAL	-	-	-	-	-	-
OTHER	$6,586	$129,342	$561,311	-	$208,038	$1,191,648
SNFS	$23,733	$130,564	$632,812	$25,193	$194,422	$2,321,633
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[1]	-	-	-	-	-	-

1* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 10: UTILIZATION AND EXPENDITURES FOR MEDICAID SERVICES IN 1973 ON BEHALF OF SELECTED 1974 MEDICAID ELIGIBLES FOR ALABAMA (CATEGORICALLY NEEDY)

UTILIZATION OF SERVICES IN 1973 BY 1974 ELIGIBLES	LONG TERM HOSPITALS		SNF	ICF SERVICES		HOME HEALTH	NO SERVICES RECEIVED
	OTHER	MENTAL	SERVICES	MENTAL	OTHER	SERVICES	IN 1973
NUMBER OF 1974 MEDICAID ELIGIBLES RECEIVING SERVICES DURING 1973 [1]	3	-	543	-	263	150	131,751
UNITS OF SERVICE RECEIVED DURING 1973 BY 1974 MEDICAID ELIGIBLES	60	-	11,865	-	6,162	2,330	
MEDICAID EXPENDITURES IN 1973 FOR SERVICES RECEIVED BY 1974 MEDICAID ELIGIBLES	$4,476	-	$126,973	-	$58,746	$27,026	

1* AN INDIVIDUAL MAY APPEAR SEVERAL TIMES IN THIS ROW IF HE SEES MULTIPLE PROVIDERS.

[illegible] ELIGIBILITY FOR MEDICAID IN 1973 FOR SELECTED CATEGORIES OF THE [illegible] FOR ALABAMA

[illegible]	STATUS OF ELIGIBILITY IN DECEMBER 1973						
	[illegible]			MEDICALLY NEEDY			NOT ELIGIBLE FOR (OAA, AB, APTD) PROGRAMS IN DEC 1973
				OAA	AB	APTD	
CATEGORICALLY NEEDY							
[illegible]	[illegible]	-	-	-	-	-	21,062
[illegible]	-	1,774	-	-	-	-	434
[illegible]	-	-	14,824	-	-	-	21,398
MEDICALLY NEEDY							
[illegible]	-	-	-	-	-	-	-
[illegible]	-	-	-	-	-	-	-
[illegible]	-	-	-	-	-	-	-
NOT ELIGIBLE FOR OAA, AB, APTD [illegible] 1974	[illegible]	547	3,447	-	-	-	-

FIGURE 12: LONG TERM CARE UTILIZATION AND EXPENDITURES UNDER MEDICAID ON BEHALF OF SELECTED ELIGIBLES BY QUARTER AND BY TYPE OF SERVICE FOR ALABAMA DURING 1974 (CATEGORICALLY NEEDY)

MEDICAID UTILIZATION AND EXPENDITURES DURING 1974 FOR AGED, BLIND, AND DISABLED	LONG TERM HOSPITALS		SKILLED NURSING FACILITIES	INTERMEDIATE CARE FACILITIES		HOME HEALTH SERVICES
	OTHER	MENTAL		MENTAL	OTHER	
UTILIZATION OF SERVICES[1,2]						
JANUARY - MARCH	20	-	465,751	-	240,357	3,087
APRIL - JUNE	-	-	573,983	-	296,529	4,728
JULY - SEPTEMBER	-	-	627,481	-	330,933	3,462
OCTOBER - DECEMBER	-	-	649,572	-	342,239	2,017
MEDICAID EXPENDITURES[2]						
JANUARY - MARCH	$1,500	-	$5,403,709	-	$2,282,058	$26,226
APRIL - JUNE	-	-	$7,225,205	-	$3,100,898	$45,931
JULY - SEPTEMBER	-	-	$7,954,057	-	$3,515,685	$34,646
OCTOBER - DECEMBER	-	-	$9,219,901	-	$4,119,968	$17,924

1* UTILIZATION IS EXPRESSED IN PATIENT-DAYS FOR HOSPITALS, SNF'S, AND ICF'S, AND IN VISITS FOR HOME HEALTH SERVICES.

2* INCLUDES SERVICES AND EXPENDITURES FOR IN-STATE PROVIDERS ONLY.

MEDICAID ELIGIBILITY, UTILIZATION AND EXPENDITURES IN SOUTH CAROLINA*

*Before utilizing the data in these tabulations, consult the Technical Notes beginning on p. A.376.

FIGURE 1: CHARACTERISTICS OF SELECTED MEDICAID ELIGIBLES BY BASIS OF PROGRAM ELIGIBILITY FOR SOUTH CAROLINA DURING 1973 (CATEGORICALLY NEEDY)

CHARACTERISTICS OF ELIGIBLE PERSONS	BASIS OF PROGRAM ELIGIBILITY[1]			
	UNDUPLICATED TOTAL	OAA	AB	APTD
PROGRAM TOTALS	35,831	20,402	2,036	13,394
WHITE MALES	4,447	2,201	250	1,996
UNDER 22	49	3	6	40
22 - 64	2,016	35	146	1,835
OVER 64	2,382	2,163	98	121
WHITE FEMALES	10,002	7,113	426	3,064
UNDER 22	53	13	11	29
22 - 64	3,415	360	191	2,865
OVER 64	7,134	6,740	224	170
OTHER MALES	6,676	2,775	543	3,360
UNDER 22	179	15	25	139
22 - 64	3,441	58	308	3,075
OVER 64	3,058	2,702	210	146
OTHER FEMALES	14,104	4,413	817	4,974
UNDER 22	166	30	18	118
22 - 64	5,463	444	452	4,567
OVER 64	8,474	7,838	347	289

1* AN INDIVIDUAL MAY APPEAR IN MORE THAN ONE COLUMN IF HE CHANGED PROGRAMS DURING THE YEAR, BUT APPEARS ONLY ONCE IN THE TOTAL COLUMN.

FIGURE 1: CHARACTERISTICS OF SELECTED MEDICAID ELIGIBLES BY BASIS OF PROGRAM ELIGIBILITY FOR SOUTH CAROLINA DURING 1974 (CATEGORICALLY NEEDY)

CHARACTERISTICS OF ELIGIBLE PERSONS	UNDUPLICATED TOTAL	BASIS OF PROGRAM ELIGIBILITY[1] OAA	AB	APTD
PROGRAM TOTALS	86,494	53,575	2,747	30,650
WHITE MALES	7,495	4,011	354	3,728
UNDER 22	198	3	16	179
22 - 64	3,578	112	197	3,276
OVER 64	4,219	3,896	141	273
WHITE FEMALES	17,201	11,344	578	5,418
UNDER 22	182	21	24	137
22 - 64	5,794	652	255	4,928
OVER 64	11,225	10,671	299	353
OTHER MALES	20,364	10,688	726	9,031
UNDER 22	1,073	16	62	995
22 - 64	8,352	327	403	7,628
OVER 64	10,939	10,345	261	408
OTHER FEMALES	40,934	27,532	1,089	12,473
UNDER 22	928	51	45	832
22 - 64	12,838	1,284	608	10,984
OVER 64	27,167	26,195	436	657

1* AN INDIVIDUAL MAY APPEAR IN MORE THAN ONE COLUMN IF HE CHANGED PROGRAMS DURING THE YEAR, BUT APPEARS ONLY ONCE IN THE TOTAL COLUMN.

FIGURE 2: PERCENT DISTRIBUTION OF SELECTED MEDICAID ELIGIBLES BY BASIS OF PROGRAM ELIGIBILITY FOR SOUTH CAROLINA DURING 1973 (CATEGORICALLY NEEDY)

CHARACTERISTICS OF ELIGIBLE PERSONS	UNDUPLICATED TOTAL	BASIS OF PROGRAM ELIGIBILITY[1] OAA	AB	APTD
PROGRAM TOTALS	100.0	100.0	100.0	100.0
WHITE MALES	12.4	10.7	12.2	14.9
UNDER 22	.1	-	.2	.2
22 - 64	5.6	.1	7.1	13.7
OVER 64	6.6	10.6	4.8	.9
WHITE FEMALES	24.5	34.8	20.9	22.8
UNDER 22	.1	-	.5	.2
22 - 64	4.5	1.7	4.3	21.3
OVER 64	19.9	33.0	11.0	1.2
OTHER MALES	18.5	13.5	25.6	25.0
UNDER 22	.4	-	1.2	1.0
22 - 64	9.6	.2	15.1	22.9
OVER 64	8.5	13.2	10.3	1.0
OTHER FEMALES	39.3	40.7	40.1	37.1
UNDER 22	.4	.1	.8	.8
22 - 64	15.2	2.1	22.2	34.0
OVER 64	23.6	38.4	17.0	2.1

1* AN INDIVIDUAL MAY APPEAR IN MORE THAN ONE COLUMN IF HE CHANGED PROGRAMS DURING THE YEAR, BUT APPEARS ONLY ONCE IN THE TOTAL COLUMN.

FIGURE 2: PERCENT DISTRIBUTION OF SELECTED MEDICAID ELIGIBLES BY BASIS OF PROGRAM ELIGIBILITY FOR SOUTH CAROLINA DURING 1974 (CATEGORICALLY NEEDY)

CHARACTERISTICS OF ELIGIBLE PERSONS	UNDUPLICATED TOTAL	BASIS OF PROGRAM ELIGIBILITY[1] OAA	AB	APTD
PROGRAM TOTALS	100.0	100.0	100.0	100.0
WHITE MALES	9.2	7.4	12.8	12.1
UNDER 22	.2	-	.5	.5
22 - 64	4.1	.2	7.1	10.6
OVER 64	4.8	7.2	5.1	.8
WHITE FEMALES	19.8	21.1	21.0	17.6
UNDER 22	.2	-	.8	.4
22 - 64	6.6	1.2	9.2	16.0
OVER 64	12.9	19.9	10.8	1.1
OTHER MALES	23.5	19.9	26.4	29.4
UNDER 22	1.2	-	2.2	3.2
22 - 64	9.6	.6	14.6	24.8
OVER 64	12.6	19.3	9.5	1.3
OTHER FEMALES	47.3	51.3	39.6	40.6
UNDER 22	1.0	-	1.6	2.7
22 - 64	14.8	2.3	22.1	35.8
OVER 64	31.4	48.8	15.8	2.1

1* AN INDIVIDUAL MAY APPEAR IN MORE THAN ONE COLUMN IF HE CHANGED PROGRAMS DURING THE YEAR, BUT APPEARS ONLY ONCE IN THE TOTAL COLUMN.

FIGURE 3: PROFILES OF SELECTED MEDICAID ELIGIBLES AND TOTAL STATE POPULATION OF SOUTH CAROLINA DURING 1973 (CATEGORICALLY NEEDY)

CHARACTERISTICS OF ELIGIBLE PERSONS	ALL STATE RESIDENTS		MEDICAID ELIGIBLES (OAA, AB, APTD)		RECIPIENTS NONINSTITUTIONALIZED[1]		RECIPIENTS INSTITUTIONALIZED[1]	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
TOTALS	2,590,516	100.0	35,831	100.0	N/A	N/A	5,641	100.0
WHITE MALES	891,573	34.4	4,447	12.4	N/A	N/A	943	16.7
UNDER 22	372,198	14.3	49	.1	N/A	N/A	2	
22 - 64	465,465	17.9	2,016	5.6	N/A	N/A	96	1.7
OVER 64	53,910	2.0	2,382	6.6	N/A	N/A	845	14.9
WHITE FEMALES	902,857	34.8	10,602	29.5	N/A	N/A	3,255	57.7
UNDER 22	356,237	13.7	53	.1	N/A	N/A	19	.3
22 - 64	463,414	17.8	3,415	9.5	N/A	N/A	159	2.8
OVER 64	83,206	3.2	7,134	19.9	N/A	N/A	3,077	54.5
OTHER MALES	380,514	14.6	6,678	18.6	N/A	N/A	513	9.0
UNDER 22	214,886	8.2	179	.4	N/A	N/A	10	.1
22 - 64	143,847	5.5	3,441	9.6	N/A	N/A	149	2.6
OVER 64	21,781	.8	3,058	8.5	N/A	N/A	354	6.2
OTHER FEMALES	415,572	16.0	14,104	39.3	N/A	N/A	930	16.4
UNDER 22	214,716	8.2	166	.4	N/A	N/A	14	.2
22 - 64	168,793	6.5	5,463	15.2	N/A	N/A	167	2.9
OVER 64	32,063	1.2	8,474	23.6	N/A	N/A	749	13.2

1* INCLUDES RECIPIENTS OF SERVICES FROM IN-STATE PROVIDERS ONLY.

FIGURE 3: PROFILES OF SELECTED MEDICAID ELIGIBLES AND TOTAL STATE POPULATION OF SOUTH CAROLINA DURING 1974 (CATEGORICALLY NEEDY)

CHARACTERISTICS OF ELIGIBLE PERSONS	ALL STATE RESIDENTS		MEDICAID ELIGIBLES (OAA, AB, APTD)		RECIPIENTS NONINSTITUTIONALIZED[1]		RECIPIENTS INSTITUTIONALIZED[1]	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
TOTALS	2,590,516	100.0	86,494	100.0	N/A	N/A	6,252	100.0
WHITE MALES	891,574	34.4	7,995	9.2	N/A	N/A	1,031	16.4
UNDER 22	372,198	14.3	198	.2	N/A	N/A	4	
22 - 64	465,465	17.9	3,578	4.1	N/A	N/A	120	1.9
OVER 64	53,910	2.0	4,219	4.8	N/A	N/A	907	14.5
WHITE FEMALES	902,857	34.8	17,201	19.8	N/A	N/A	3,521	56.3
UNDER 22	356,237	13.7	182	.2	N/A	N/A	15	.2
22 - 64	463,414	17.8	5,794	6.6	N/A	N/A	184	2.9
OVER 64	83,206	3.2	11,225	12.9	N/A	N/A	3,322	53.1
OTHER MALES	380,514	14.6	20,364	23.5	N/A	N/A	613	9.8
UNDER 22	214,888	8.2	1,073	1.2	N/A	N/A	17	.2
22 - 64	143,847	5.5	8,352	9.6	N/A	N/A	164	2.6
OVER 64	21,781	.8	10,939	12.6	N/A	N/A	432	6.9
OTHER FEMALES	415,572	16.1	40,934	47.3	N/A	N/A	1,087	17.3
UNDER 22	214,718	8.2	928	1.0	N/A	N/A	13	.2
22 - 64	168,793	6.5	12,838	14.8	N/A	N/A	190	3.0
OVER 64	32,061	1.2	27,167	31.4	N/A	N/A	884	14.1

1* INCLUDES RECIPIENTS OF SERVICES FROM IN-STATE PROVIDERS ONLY.

FIGURE 4: UTILIZATION OF LONG-TERM CARE SERVICES BY OWNERSHIP OF PROVIDER FOR SOUTH CAROLINA DURING 1973 (CATEGORICALLY NEEDY)

OWNERSHIP OF AGENCY OR INSTITUTION	LONG TERM HOSPITALS[1] OTHER	LONG TERM HOSPITALS[1] MENTAL	SNFS[1]	ICF SERVICES[1] MENTAL	ICF SERVICES[1] OTHER	HOME HEALTH PROVIDERS[1]
TOTAL UTILIZATION[2]	712	13,606	1,038,176	-	639,507	-
PUBLIC	712	13,606	112,534	-	28,040	-
VOLUNTARY	-	-	40,746	-	26,806	-
PROPRIETARY	-	-	742,258	-	424,315	-

1* INCLUDES IN-STATE MEDICAID-CERTIFIED PROVIDERS ONLY.

2* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS. INCLUDES UTILIZATION BY OAA, AB, AND APTD RECIPIENTS.

FIGURE 4: UTILIZATION OF LONG-TERM CARE SERVICES BY OWNERSHIP OF PROVIDER FOR SOUTH CAROLINA DURING 1974 (CATEGORICALLY NEEDY)

OWNERSHIP OF AGENCY OR INSTITUTION	LONG TERM HOSPITALS[1]		SNFS[1]	ICF SERVICES[1]		HOME HEALTH PROVIDERS[1]
	OTHER	MENTAL		MENTAL	OTHER	
TOTAL UTILIZATION	-	13,098	961,922	-	608,500	-
PUBLIC	-	12,098	115,075	-	33,124	-
VOLUNTARY	-	-	38,816	-	24,900	-
PROPRIETARY	-	-	715,970	-	405,436	-

1* INCLUDES IN-STATE MEDICAID-CERTIFIED PROVIDERS ONLY.

2* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS. INCLUDES UTILIZATION BY OAA, AB, AND APTD RECIPIENTS.

FIGURE 5: UTILIZATION OF SERVICES AND REIMBURSMENT UNDER MEDICAID BY SELECTED BASES OF PROGRAM ELIGIBILITY FOR SOUTH CAROLINA DURING 1973 (CATEGORICALLY NEEDY)

BASIS OF PROGRAM ELIGIBILITY	LONG TERM HOSPITALS OTHER	LONG TERM HOSPITALS MENTAL	SNF SERVICES	ICF SERVICES MENTAL	ICF SERVICES OTHER	HOME HEALTH SERVICES
TOTAL NUMBER OF MEDICAID RECIPIENTS [1]	3	50	3,661	-	2,353	-
OAA	3	45	3,207	-	2,034	-
AB	-	2	126	-	87	-
APTD	-	3	328	-	232	-
TOTAL UNITS OF SERVICE	414	12,315	950,937	-	594,528	-
OAA	414	11,078	844,159	-	507,829	-
AB	-	385	36,924	-	23,870	-
APTD	-	852	69,854	-	62,829	-
TOTAL MEDICAID EXPENDITURES	$12,257	$134,180	$13,124,746	-	$4,978,171	-
OAA	$12,257	$120,690	$11,504,321	-	$4,221,202	-
AB	-	$5,970	$531,171	-	$205,854	-
APTD	-	$7,520	$1,089,253	-	$551,114	-
MEAN LENGTH OF STAY	138.0	251.3	259.7	-	252.6	-
OAA	138.0	246.1	263.2	-	244.6	-
AB	-	192.5	293.0	-	274.3	-
APTD	-	284.0	212.9	-	270.8	-

1* AN INDIVIDUAL MAY APPEAR SEVERAL TIMES IN A ROW (HE SEES MULTIPLE PROVIDERS), AND MAY APPEAR MORE THAN ONCE IN EACH COLUMN IF HE CHANGED PROGRAMS DURING THE YEAR.

FIGURE -: UTILIZATION OF SERVICES AND REIMBURSMENT UNDER MEDICAID BY SELECTED BASES OF PROGRAM ELIGIBILITY FOR SOUTH CAROLINA DURING 1974 (CATEGORICALLY NEEDY)

BASIS OF PROGRAM ELIGIBILITY	LTCF, ICF HOSPITALS OTHER	LTCF, ICF HOSPITALS MENTAL	SNF SERVICES	ICF SERVICES MENTAL	ICF SERVICES OTHER	HOME HEALTH SERVICES
TOTAL NUMBER OF MEDICAID RECIPIENTS 1	-	54	4,218	-	2,470	-
OAA	-	50	3,743	-	2,157	-
AB	-	2	117	-	80	-
APTD	-	2	358	-	233	-
TOTAL UNITS OF SERVICE	-	12,115	960,640	-	607,641	-
OAA	-	11,317	859,113	-	520,735	-
AB	-	388	30,445	-	23,376	-
APTD	-	410	71,082	-	63,530	-
TOTAL MEDICAID EXPENDITURES	-	$162,927	$15,233,321	-	$5,767,216	-
OAA	-	$152,034	$13,432,537	-	$4,860,710	-
AB	-	$6,641	$511,994	-	$236,268	-
APTD	-	$4,252	$1,288,789	-	$670,237	-
MEAN LENGTH OF STAY	-	224.3	227.7	-	246.0	-
OAA	-	226.3	[illegible]	-	241.4	-
AB	-	194.0	260.2	-	292.2	-
APTD	-	205.0	198.5	-	272.6	-

1* AN INDIVIDUAL MAY APPEAR SEVERAL TIMES IN A ROW (HE SEES MULTIPLE PROVIDERS), AND MAY APPEAR MORE THAN ONCE IN EACH COLUMN IF HE CHANGED PROGRAMS DURING THE YEAR.

FIGURE 6: UNITS OF LONG-TERM CARE SERVICES FOR SELECTED MEDICAID ELIGIBLES BY PROVIDER TYPE FOR SOUTH CAROLINA DURING 1973 (CATEGORICALLY NEEDY)[1]

PROVIDER AND OWNERSHIP	BASIS OF PROGRAM ELIGIBILITY OAA	AB	APTD
PUBLIC:			
LONG TERM HOSPITALS	11,892	385	852
MENTAL	11,478	385	852
OTHER	414	-	-
ALL ICFS	19,591	877	6,176
MENTAL	-	-	-
OTHER	19,591	877	6,176
SNFS	93,779	3,794	6,091
HOME HEALTH PROVIDERS	-	-	-
VOLUNTARY:			
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	21,822	1,325	1,742
MENTAL	-	-	-
OTHER	21,822	1,325	1,742
SNFS	35,068	869	1,070
HOME HEALTH PROVIDERS	-	-	-
PROPRIETARY:			
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	339,487	14,805	39,713
MENTAL	-	-	-
OTHER	339,487	14,805	39,713
SNFS	602,367	28,859	49,602
HOME HEALTH PROVIDERS	-	-	-
OUT-OF-STATE[2]	-	-	-

1* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS, AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS.

2* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 5: UNITS OF LONG-TERM CARE SERVICES FOR SELECTED MEDICAID ELIGIBLES BY PROVIDER TYPE FOR SOUTH CAROLINA DURING 1974 (CATEGORICALLY NEEDY)[1]

PROVIDER AND OWNERSHIP	BASIS OF PROGRAM ELIGIBILITY		
	AFDC	AB	APTD
PUBLIC:			
LONG TERM HOSPITALS	11,317	388	410
MENTAL	11,317	388	410
OTHER	-	-	-
ALL ICFS	22,793	1,143	9,104
MENTAL	-	-	-
OTHER	22,793	1,143	9,104
SNFS	101,924	3,598	9,093
HOME HEALTH PROVIDERS	-	-	-
VOLUNTARY:			
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	22,070	1,161	1,661
MENTAL	-	-	-
OTHER	22,070	1,161	1,661
SNFS	36,432	1,018	1,366
HOME HEALTH PROVIDERS	-	-	-
PROPRIETARY:			
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	349,222	15,006	40,684
MENTAL	-	-	-
OTHER	349,222	15,006	40,684
SNFS	539,947	23,260	52,033
HOME HEALTH PROVIDERS	-	-	-
OUT-OF-STATE[2]	-	-	-

1* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS, AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS.

2* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 7: MEDICAID EXPENDITURES FOR LONG-TERM CARE SERVICES BY PROVIDER TYPE FOR SELECTED MEDICAID ELIGIBLES FOR SOUTH CAROLINA DURING 1973 (CATEGORICALLY NEEDY)

PROVIDER AND OWNERSHIP	BASIS OF PROGRAM ELIGIBILITY OAA	AB	APTD
PUBLIC:	$1,571,536	$68,475	$156,993
LONG TERM HOSPITALS	$132,947	$5,970	$7,520
MENTAL	$120,690	$5,970	$7,520
OTHER	$12,257	-	-
ALL ICFS	$163,077	$7,570	$53,767
MENTAL	-	-	-
OTHER	$163,077	$7,570	$53,767
SNFS	$1,275,512	$54,834	$95,706
HOME HEALTH PROVIDERS	-	-	-
VOLUNTARY:	$712,614	$25,350	$34,224
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	$173,224	$11,025	$15,290
MENTAL	-	-	-
OTHER	$173,224	$11,025	$15,290
SNFS	$539,389	$14,324	$18,934
HOME HEALTH PROVIDERS	-	-	-
PROPRIETARY:	$10,441,653	$542,560	$1,117,244
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	$2,823,117	$128,401	$348,664
MENTAL	-	-	-
OTHER	$2,823,117	$128,401	$348,664
SNFS	$8,117,935	$414,158	$768,579
HOME HEALTH PROVIDERS	-	-	-
OUT-OF-STATE[1]	-	-	-

[1] EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 7: MEDICAID EXPENDITURES FOR LONG-TERM CARE SERVICES BY PROVIDER TYPE FOR SELECTED MEDICAID ELIGIBLES FOR SOUTH CAROLINA DURING 1974 (CATEGORICALLY NEEDY)

PROVIDER AND OWNERSHIP	BASIS OF PROGRAM ELIGIBILITY OAA	AB	APTD
PUBLIC:	$2,016,052	$78,422	$274,162
LONG TERM HOSPITALS	$152,034	$6,641	$4,252
MENTAL	$152,034	$6,641	$4,252
OTHER	-	-	-
ALL ICFS	$214,414	$11,389	$95,801
MENTAL	-	-	-
OTHER	$214,414	$11,389	$95,801
SNFS	$1,649,604	$60,390	$174,108
HOME HEALTH PROVIDERS	-	-	-
VOLUNTARY:	$847,074	$31,369	$45,430
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	$203,482	$11,171	$17,644
MENTAL	-	-	-
OTHER	$203,482	$11,171	$17,644
SNFS	$643,592	$20,198	$27,785
HOME HEALTH PROVIDERS	-	-	-
PROPRIETARY:	$13,125,970	$542,305	$1,359,120
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	$3,260,396	$153,791	$429,524
MENTAL	-	-	-
OTHER	$3,260,396	$153,791	$429,524
SNFS	$9,865,574	$388,514	$929,596
HOME HEALTH PROVIDERS	-	-	-
OUT-OF-STATE[1]	-	-	-

1* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 8: UNITS OF LONG TERM CARE SERVICES FOR SELECTED MEDICAID ELIGIBLES BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR SOUTH CAROLINA DURING 1973 (CATEGORICALLY NEEDY)[1]

PROVIDER AND OWNERSHIP	WHITE MALES			WHITE FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:						
LONG TERM HOSPITALS	-	426	3,317	-	426	8,146
MENTAL	-	426	3,317	-	426	8,146
OTHER	-	-	-	-	-	-
ALL ICFS	-	807	5,862	231	1,609	11,046
MENTAL	-	-	-	-	-	-
OTHER	-	807	5,862	231	1,609	11,046
SNFS	-	1,912	13,590	564	2,341	68,086
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	426	2,681	336	-	13,404
MENTAL	-	-	-	-	-	-
OTHER	-	426	2,681	336	-	13,404
SNFS	-	721	5,378	426	607	27,491
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	367	6,690	59,189	-	11,099	208,723
MENTAL	-	-	-	-	-	-
OTHER	367	6,690	59,189	-	11,099	208,723
SNFS	366	8,317	91,895	3,240	18,407	426,985
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[2]	-	-	-	-	-	-

1* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS, AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS.

2* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

CONT. FIGURE 8: UNITS OF LONG TERM CARE SERVICES FOR SELECTED MEDICAID ELIGIBLES BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR SOUTH CAROLINA DURING 1973 (CATEGORICALLY NEEDY)[1]

PROVIDER AND OWNERSHIP	OTHER MALES UNDER 22	OTHER MALES 22-64	OTHER MALES OVER 64	OTHER FEMALES UNDER 22	OTHER FEMALES 22-64	OTHER FEMALES OVER 64
PUBLIC:						
LONG TERM HOSPITALS	-	-	354	-	-	60
MENTAL	-	-	-	-	-	-
OTHER	-	-	354	-	-	60
ALL ICFS	628	814	1,272	681	1,216	2,478
MENTAL	-	-	-	-	-	-
OTHER	628	814	1,272	681	1,216	2,478
SNFS	676	1,696	4,141	1,515	190	9,053
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	1,316	2,334	-	-	4,392
MENTAL	-	-	-	-	-	-
OTHER	-	1,316	2,334	-	-	4,392
SNFS	-	19	-	-	336	2,029
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	31	12,293	33,643	335	12,932	48,703
MENTAL	-	-	-	-	-	-
OTHER	31	12,293	33,643	335	12,932	48,703
SNFS	763	13,358	32,875	922	18,603	65,097
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[2]	-	-	-	-	-	-

1* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS, AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS.

2* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 8: UNITS OF LONG TERM CARE SERVICES FOR SELECTED MEDICAID ELIGIBLES BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR SOUTH CAROLINA DURING 1974 (CATEGORICALLY NEEDY)[1]

PROVIDER AND OWNERSHIP	WHITE MALES			WHITE FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:						
LONG TERM HOSPITALS	-	365	3,093	-	45	8,354
MENTAL	-	365	3,093	-	45	8,354
OTHER	-	-	-	-	-	-
ALL ICFS	-	1,306	6,265	715	2,290	12,168
MENTAL	-	-	-	-	-	-
OTHER	-	1,306	6,265	715	2,290	12,168
SNFS	362	3,114	13,065	365	2,290	72,737
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	365	2,897	270	-	13,323
MENTAL	-	-	-	-	-	-
OTHER	-	365	2,897	270	-	13,323
SNFS	-	655	6,005	365	784	27,774
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	365	8,044	61,064	-	12,575	196,958
MENTAL	-	-	-	-	-	-
OTHER	365	8,044	61,064	-	12,575	196,958
SNFS	120	10,397	96,391	2,891	22,607	444,146
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[2]	-	-	-	-	-	-

1* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS, AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS.

2* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

CONT. FIGURE 8: UNITS OF LONG TERM CARE SERVICES FOR SELECTED MEDICAID ELIGIBLES BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR SOUTH CAROLINA DURING 1974 (CATEGORICALLY NEEDY)[1]

PROVIDER AND OWNERSHIP	OTHER MALES UNDER 22	OTHER MALES 22-64	OTHER MALES OVER 64	OTHER FEMALES UNDER 22	OTHER FEMALES 22-64	OTHER FEMALES OVER 64
PUBLIC:						
LONG TERM HOSPITALS	-	-	-	-	-	258
MENTAL	-	-	-	-	-	258
OTHER	-	-	-	-	-	-
ALL ICFS	1,353	1,390	1,368	1,066	1,428	3,691
MENTAL	-	-	-	-	-	-
OTHER	1,353	1,390	1,368	1,066	1,428	3,691
SNFS	1,035	2,771	4,330	2,018	1,661	10,867
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	1,296	2,278	-	-	4,463
MENTAL	-	-	-	-	-	-
OTHER	-	1,296	2,278	-	-	4,463
SNFS	-	279	186	-	104	2,664
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	394	13,295	36,663	365	13,191	61,998
MENTAL	-	-	-	-	-	-
OTHER	394	13,295	36,663	365	13,191	61,998
SNFS	911	13,495	34,262	18	17,514	72,488
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[2]	-	-	-	-	-	-

1* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS, AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS.

2* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 9: MEDICAID EXPENDITURES FOR LONG-TERM CARE SERVICES ON BEHALF OF SELECTED ELIGIBLES (OAA, AB, APTD) BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR SOUTH CAROLINA DURING 1973 (CATEGORICALLY NEEDY)

PROVIDER AND OWNERSHIP	WHITE MALES			WHITE FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:	-	$39,837	$253,808	$9,046	$49,306	$1,129,181
LONG TERM HOSPITALS	-	$3,760	$29,929	-	$3,760	$96,730
MENTAL	-	$3,760	$29,929	-	$3,760	$96,730
OTHER	-	-	-	-	-	-
ALL ICFS	-	$7,024	$50,197	$2,000	$14,045	$91,926
MENTAL	-	-	-	-	-	-
OTHER	-	$7,024	$50,197	$2,000	$14,045	$91,926
SNFS	-	$29,052	$173,681	$7,045	$31,501	$940,523
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:	-	$16,129	$98,863	$9,737	$10,640	$531,452
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	$3,680	$20,811	$2,665	-	$104,457
MENTAL	-	-	-	-	-	-
OTHER	-	$3,680	$20,811	$2,665	-	$104,457
SNFS	-	$12,449	$78,051	$7,072	$10,640	$426,995
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:	$7,479	$192,695	$1,723,614	$47,476	$373,887	$7,477,005
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	$3,170	$59,014	$504,363	$158	$99,017	$1,712,793
MENTAL	-	-	-	-	-	-
OTHER	$3,170	$59,014	$504,363	$158	$99,017	$1,712,793
SNFS	$4,309	$133,680	$1,219,250	$47,318	$274,870	$5,764,211
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[1]	-	-	-	-	-	-

1* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

CONT. FIGURE 9: MEDICAID EXPENDITURES FOR LONG-TERM CARE SERVICES ON BEHALF OF SELECTED ELIGIBLES (OAA, AB, APTD) BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR SOUTH CAROLINA DURING 1973 (CATEGORICALLY NEEDY)

PROVIDER AND OWNERSHIP	OTHER MALES			OTHER FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:	$15,638	$35,095	$74,807	$28,430	$13,922	$147,830
LONG TERM HOSPITALS	-	-	$10,391	-	-	$1,865
MENTAL	-	-	-	-	-	-
OTHER	-	-	$10,391	-	-	$1,865
ALL ICFS	$5,441	$7,089	$8,838	$5,896	$10,594	$21,360
MENTAL	-	-	-	-	-	-
OTHER	$5,441	$7,089	$8,838	$5,896	$10,594	$21,360
SNFS	$10,197	$28,005	$55,577	$22,533	$3,328	$124,604
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:	-	$11,952	$19,606	-	$5,086	$68,720
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	$11,610	$19,606	-	-	$36,709
MENTAL	-	-	-	-	-	-
OTHER	-	$11,610	$19,606	-	-	$36,709
SNFS	-	$342	-	-	$5,086	$32,010
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:	$10,861	$310,898	$718,729	$17,759	$389,743	$1,330,706
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	$265	$106,929	$281,999	$2,913	$114,006	$415,551
MENTAL	-	-	-	-	-	-
OTHER	$265	$106,929	$281,999	$2,913	$114,006	$415,551
SNFS	$10,596	$203,968	$436,729	$14,846	$275,736	$915,154
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[1]	-	-	-	-	-	-

1* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 9: MEDICAID EXPENDITURES FOR LONG-TERM CARE SERVICES ON BEHALF OF SELECTED ELIGIBLES (OAA, AB, APTD) BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR SOUTH CAROLINA DURING 1974 (CATEGORICALLY NEEDY)

PROVIDER AND OWNERSHIP	WHITE MALES UNDER 22	WHITE MALES 22-64	WHITE MALES OVER 64	WHITE FEMALES UNDER 22	WHITE FEMALES 22-64	WHITE FEMALES OVER 64
PUBLIC:	$7,342	$73,153	$294,520	$13,208	$63,471	$1,415,223
LONG TERM HOSPITALS	-	$3,855	$35,036	-	$397	$120,777
MENTAL	-	$3,855	$35,036	-	$397	$120,777
OTHER	-	-	-	-	-	-
ALL ICFS	-	$13,762	$57,251	$7,547	$23,621	$117,383
MENTAL	-	-	-	-	-	-
OTHER	-	$13,762	$57,251	$7,547	$23,621	$117,383
SNFS	$7,342	$55,536	$202,232	$5,660	$39,452	$1,177,562
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:	-	$16,501	$127,169	$9,424	$15,711	$515,159
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	$3,855	$26,147	$2,410	-	$120,249
MENTAL	-	-	-	-	-	-
OTHER	-	$3,855	$26,147	$2,410	-	$120,249
SNFS	-	$12,646	$101,021	$7,013	$15,710	$495,369
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:	$5,708	$263,063	$1,996,765	$48,925	$519,392	$4,647,281
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	$3,855	$80,506	$561,745	-	$130,831	$1,[illegible],965
MENTAL	-	-	-	-	-	-
OTHER	$3,855	$80,506	$561,745	-	$130,831	$1,806,965
SNFS	$1,853	$182,556	$1,435,020	$48,925	$388,560	$2,840,316
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[1]	-	-	-	-	-	-

1* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

CONT. FIGURE 9: MEDICAID EXPENDITURES FOR LONG-TERM CARE SERVICES ON BEHALF OF SELECTED ELIGIBLES (OAA, AB, APTD) BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR SOUTH CAROLINA DURING 1974 (CATEGORICALLY NEEDY)

PROVIDER AND OWNERSHIP	OTHER MALES UNDER 22	OTHER MALES 22-64	OTHER MALES OVER 64	OTHER FEMALES UNDER 22	OTHER FEMALES 22-64	OTHER FEMALES OVER 64
PUBLIC:	$34,566	$66,890	$84,126	$49,312	$45,477	$220,846
LONG TERM HOSPITALS	-	-	-	-	-	$2,861
MENTAL	-	-	-	-	-	$2,861
OTHER	-	-	-	-	-	-
ALL ICFS	$14,060	$14,661	$11,652	$11,250	$14,761	$35,654
MENTAL	-	-	-	-	-	-
OTHER	$14,060	$14,661	$11,652	$11,250	$14,761	$35,654
SNFS	$20,505	$52,228	$72,474	$38,062	$30,716	$182,330
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:	-	$19,424	$26,062	-	$1,762	$91,661
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	$13,789	$22,627	-	-	$43,177
MENTAL	-	-	-	-	-	-
OTHER	-	$13,789	$22,627	-	-	$43,177
SNFS	-	$5,634	$3,435	-	$1,762	$48,483
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:	$21,163	$369,567	$898,235	$4,206	$444,652	$1,808,435
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	$4,173	$135,614	$354,454	$3,855	$138,943	$622,766
MENTAL	-	-	-	-	-	-
OTHER	$4,173	$135,614	$354,454	$3,855	$138,943	$622,766
SNFS	$16,990	$233,952	$543,780	$351	$305,709	$1,185,669
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[1]	-	-	-	-	-	-

1* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 10: UTILIZATION AND EXPENDITURES FOR MEDICAID SERVICES IN 1973 ON BEHALF OF SELECTED 1974 MEDICAID ELIGIBLES FOR SOUTH CAROLINA (CATEGORICALLY NEEDY)

UTILIZATION OF SERVICES IN 1973 BY 1974 ELIGIBLES	LONG TERM HOSPITALS OTHER	LONG TERM HOSPITALS MENTAL	SNF SERVICES	ICF SERVICES MENTAL	ICF SERVICES OTHER	HOME HEALTH SERVICES	NO SERVICES RECEIVED IN 1973
NUMBER OF 1974 MEDICAID ELIGIBLES[1] RECEIVING SERVICES DURING 1973	-	41	2,809	-	2,022	-	78,221
UNITS OF SERVICE RECEIVED DURING 1973 BY 1974 MEDICAID ELIGIBLES	-	12,462	888,606	-	578,650	-	
MEDICAID EXPENDITURES IN 1973 FOR SERVICES RECEIVED BY 1974 MEDICAID ELIGIBLES	-	$134,949	$12,248,504	-	$4,850,405	-	

1* AN INDIVIDUAL MAY APPEAR SEVERAL TIMES IN THIS ROW IF HE SEES MULTIPLE PROVIDERS.

FIGURE 11: BASIS OF PROGRAM ELIGIBILITY FOR MEDICAID IN 1973 FOR SELECTED CATEGORIES OF THE 1974 MEDICAID ELIGIBLE POPULATION FOR SOUTH CAROLINA

BASIS OF ELIGIBILITY IN DECEMBER 1974	BASIS OF ELIGIBILITY IN DECEMBER 1973						
	CATEGORICALLY NEEDY			MEDICALLY NEEDY			NOT ELIGIBLE FOR OAA, AB, APTD PROGRAMS IN DEC 1973
	OAA	AB	APTD	OAA	AB	APTD	
CATEGORICALLY NEEDY							
OAA	21,088	-	33	-	-	-	28,238
AB	1	2,207	-	-	-	-	211
APTD	-	-	15,953	-	-	-	11,764
MEDICALLY NEEDY							
OAA	-	-	-	-	-	-	-
AB	-	-	-	-	-	-	-
APTD	-	-	-	-	-	-	-
NOT ELIGIBLE FOR OAA, AB, APTD PROGRAMS IN DEC 1974	1,555	71	502	-	-	-	4,161

FIGURE 12: LONG TERM CARE UTILIZATION AND EXPENDITURES UNDER MEDICAID ON BEHALF OF SELECTED ELIGIBLES BY QUARTER AND BY TYPE OF SERVICE FOR SOUTH CAROLINA DURING 1974 (CATEGORICALLY NEEDY)

MEDICAID UTILIZATION AND EXPENDITURES DURING 1974 FOR AGED, BLIND, AND DISABLED	LONG TERM HOSPITALS		SKILLED NURSING FACILITIES	INTERMEDIATE CARE FACILITIES		HOME HEALTH SERVICES
	OTHER	MENTAL		MENTAL	OTHER	
UTILIZATION OF SERVICES[1,2]						
JANUARY - MARCH	-	3,025	223,174	-	147,389	-
APRIL - JUNE	-	3,094	235,670	-	153,216	-
JULY - SEPTEMBER	-	3,021	249,362	-	155,424	-
OCTOBER - DECEMBER	-	2,975	252,434	-	151,612	-
MEDICAID EXPENDITURES[2]						
JANUARY - MARCH	-	$36,824	$3,275,102	-	$1,285,804	-
APRIL - JUNE	-	$42,139	$3,749,224	-	$1,475,420	-
JULY - SEPTEMBER	-	$42,021	$4,067,332	-	$1,517,304	-
OCTOBER - DECEMBER	-	$41,942	$4,141,662	-	$1,488,687	-

1* UTILIZATION IS EXPRESSED IN PATIENT-DAYS FOR HOSPITALS, SNF'S, AND ICF'S, AND IN VISITS FOR HOME HEALTH SERVICES.

2* INCLUDES SERVICES AND EXPENDITURES FOR IN-STATE PROVIDERS ONLY.

MEDICAID ELIGIBILITY, UTILIZATION AND EXPENDITURES IN KENTUCKY*

*Before utilizing the data in these tabulations, consult the Technical Notes beginning on p. A.376.

FIGURE 1: CHARACTERISTICS OF SELECTED MEDICAID ELIGIBLES BY BASIS OF PROGRAM ELIGIBILITY FOR KENTUCKY DURING 1973 (CATEGORICALLY NEEDY)

CHARACTERISTICS OF ELIGIBLE PERSONS	UNDUPLICATED TOTAL	BASIS OF PROGRAM ELIGIBILITY[1] OAA	AB	APTD
PROGRAM TOTALS	95,233	65,336	2,481	27,459
WHITE MALES	30,623	18,297	1,256	11,083
UNDER 22	862	32	188	644
22 - 64	11,578	284	1,054	10,245
OVER 64	18,183	17,981	14	194
WHITE FEMALES	48,880	35,679	981	12,245
UNDER 22	684	48	148	489
22 - 64	14,564	2,297	819	11,467
OVER 64	33,632	33,334	14	289
OTHER MALES	3,797	2,322	103	1,373
UNDER 22	86	5	3	78
22 - 64	1,375	18	97	1,260
OVER 64	2,336	2,299	3	35
OTHER FEMALES	8,754	6,550	128	2,080
UNDER 22	85	18	7	60
22 - 64	2,206	135	114	1,959
OVER 64	6,463	6,397	7	61

1* AN INDIVIDUAL MAY APPEAR IN MORE THAN ONE COLUMN IF HE CHANGED PROGRAMS DURING THE YEAR, BUT APPEARS ONLY ONCE IN THE TOTAL COLUMN.

FIGURE 1: CHARACTERISTICS OF SELECTED MEDICAID ELIGIBLES BY BASIS OF PROGRAM ELIGIBILITY FOR KENTUCKY DURING 1974 (CATEGORICALLY NEEDY)

CHARACTERISTICS OF ELIGIBLE PERSONS	UNDUPLICATED TOTAL	BASIS OF PROGRAM ELIGIBILITY[1] OAA	AB	APTD
PROGRAM TOTALS	111,973	71,900	2,544	37,579
WHITE MALES	35,873	20,041	1,228	14,619
UNDER 22	1,703	23	186	1,496
22 - 64	14,572	789	1,027	12,762
OVER 64	19,598	19,229	15	361
WHITE FEMALES	54,662	38,167	1,034	15,494
UNDER 22	1,290	41	166	1,083
22 - 64	18,549	3,710	851	14,018
OVER 64	34,823	34,416	17	393
OTHER MALES	4,598	2,713	96	1,789
UNDER 22	219	4	4	211
22 - 64	1,691	71	89	1,531
OVER 64	2,688	2,638	3	47
OTHER FEMALES	10,037	7,306	133	2,600
UNDER 22	169	17	8	144
22 - 64	2,786	287	120	2,380
OVER 64	7,082	7,002	5	76

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FIGURE 1: CHARACTERISTICS OF SELECTED MEDICAID ELIGIBLES BY BASIS OF PROGRAM ELIGIBILITY FOR KENTUCKY DURING 1973 (MEDICALLY NEEDY)

CHARACTERISTICS OF ELIGIBLE PERSONS	UNDUPLICATED TOTAL	BASIS OF PROGRAM ELIGIBILITY[1] OAA	AB	APTD
PROGRAM TOTALS	19,845	14,841	204	4,820
WHITE MALES	8,666	5,822	124	2,727
UNDER 22	52	6	8	38
22 - 64	2,593	13	113	2,468
OVER 64	6,021	5,803	3	221
WHITE FEMALES	9,043	7,382	53	1,621
UNDER 22	27	6	4	17
22 - 64	1,494	10	43	1,442
OVER 64	7,522	7,366	6	162
OTHER MALES	923	685	14	224
UNDER 22	7	3	1	3
22 - 64	211	-	11	200
OVER 64	705	682	2	21
OTHER FEMALES	1,200	939	13	248
UNDER 22	10	2	1	7
22 - 64	232	3	8	221
OVER 64	958	934	4	20

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FIGURE 1: CHARACTERISTICS OF SELECTED MEDICAID ELIGIBLES BY BASIS OF PROGRAM ELIGIBILITY FOR KENTUCKY DURING 1974 (MEDICALLY NEEDY)

CHARACTERISTICS OF ELIGIBLE PERSONS	UNDUPLICATED TOTAL	BASIS OF PROGRAM ELIGIBILITY[1] OAA	AB	APTD
PROGRAM TOTALS	14,512	10,322	144	4,065
WHITE MALES	6,600	4,098	91	2,423
UNDER 22	52	5	3	44
22 - 64	2,353	45	86	2,227
OVER 64	4,195	4,048	2	152
WHITE FEMALES	6,216	4,931	37	1,255
UNDER 22	22	1	1	20
22 - 64	1,198	35	34	1,134
OVER 64	4,996	4,895	2	101
OTHER MALES	738	534	9	195
UNDER 22	6	3	1	2
22 - 64	184	1	6	177
OVER 64	548	530	2	16
OTHER FEMALES	947	749	7	191
UNDER 22	8	1	1	6
22 - 64	176	5	4	167
OVER 64	763	743	2	18

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FIGURE 2: PERCENT DISTRIBUTION OF SELECTED MEDICAID ELIGIBLES BY BASIS OF PROGRAM ELIGIBILITY FOR KENTUCKY DURING 1973 (CATEGORICALLY NEEDY)

CHARACTERISTICS OF ELIGIBLE PERSONS	UNDUPLICATED TOTAL	BASIS OF PROGRAM ELIGIBILITY[1] OAA	AB	APTD
PROGRAM TOTALS	100.0	100.0	100.0	100.0
WHITE MALES	32.1	28.0	50.6	40.3
UNDER 22	.9	-	7.5	2.3
22 - 64	12.1	.4	42.4	37.3
OVER 64	19.0	27.5	.5	.7
WHITE FEMALES	51.3	54.6	39.5	44.5
UNDER 22	.7		5.9	1.7
22 - 64	15.2	3.5	33.0	41.7
OVER 64	35.3	51.0	.5	1.0
OTHER MALES	3.9	3.5	4.1	5.0
UNDER 22	-	-	.1	.2
22 - 64	1.4	-	3.9	4.5
OVER 64	2.4	3.5	.1	.1
OTHER FEMALES	9.1	10.0	5.1	7.5
UNDER 22	-	-	.2	.2
22 - 64	2.3	.2	4.5	7.1
OVER 64	6.7	9.7	.2	.2

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FIGURE 2: PERCENT DISTRIBUTION OF SELECTED MEDICAID ELIGIBLES BY BASIS OF PROGRAM ELIGIBILITY FOR KENTUCKY DURING 1974 (CATEGORICALLY NEEDY)

CHARACTERISTICS OF ELIGIBLE PERSONS	UNDUPLICATED TOTAL	BASIS OF PROGRAM ELIGIBILITY[1] OAA	AB	APTD
PROGRAM TOTALS	100.0	100.0	100.0	100.0
WHITE MALES	32.0	27.8	48.2	38.9
UNDER 22	1.5	-	7.3	3.9
22 - 64	13.0	1.0	40.3	33.9
OVER 64	17.5	26.7	.5	.9
WHITE FEMALES	48.8	53.0	40.6	41.2
UNDER 22	1.1	-	6.5	2.8
22 - 64	16.5	5.1	33.4	37.3
OVER 64	31.0	47.8	.6	1.0
OTHER MALES	4.1	3.7	3.7	4.7
UNDER 22	.1	-	.1	.5
22 - 64	1.5	-	3.4	4.0
OVER 64	2.4	3.6	.1	.1
OTHER FEMALES	8.9	10.1	5.2	6.9
UNDER 22	.1	-	.3	.3
22 - 64	2.4	.3	4.7	6.3
OVER 64	6.3	9.7	.1	.2

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FIGURE 2: PERCENT DISTRIBUTION OF SELECTED MEDICAID ELIGIBLES BY BASIS OF PROGRAM ELIGIBILITY FOR KENTUCKY DURING 1973 (MEDICALLY NEEDY)

CHARACTERISTICS OF ELIGIBLE PERSONS	UNDUPLICATED TOTAL	BASIS OF PROGRAM ELIGIBILITY[1] OAA	AB	APTD
PROGRAM TOTALS	100.0	100.0	100.0	100.0
WHITE MALES	43.6	39.2	60.7	56.5
UNDER 22	.2	-	3.9	.7
22 - 64	13.0	-	55.3	51.2
OVER 64	30.3	39.1	1.4	4.5
WHITE FEMALES	45.5	49.7	25.9	33.6
UNDER 22	.1	-	1.9	.3
22 - 64	7.5	-	21.0	29.9
OVER 64	37.9	49.6	2.9	3.3
OTHER MALES	4.6	4.6	6.8	4.6
UNDER 22	-	-	.4	-
22 - 64	1.0	-	5.3	4.1
OVER 64	3.5	4.5	.9	.4
OTHER FEMALES	6.0	6.3	6.3	5.1
UNDER 22	-	-	.4	.1
22 - 64	1.1	-	3.9	4.5
OVER 64	4.8	6.2	1.9	.4

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FIGURE 2: PERCENT DISTRIBUTION OF SELECTED MEDICAID ELIGIBLES BY BASIS OF PROGRAM ELIGIBILITY FOR KENTUCKY DURING 1974 (MEDICALLY NEEDY)

CHARACTERISTICS OF ELIGIBLE PERSONS	UNDUPLICATED TOTAL	BASIS OF PROGRAM ELIGIBILITY[1] OAA	AB	APTD
PROGRAM TOTALS	100.0	100.0	100.0	100.0
WHITE MALES	45.4	39.7	63.1	59.6
UNDER 22	.3	-	2.0	1.0
22 - 64	16.2	.4	59.7	54.7
OVER 64	28.9	39.2	1.3	3.7
WHITE FEMALES	42.8	47.7	25.6	30.8
UNDER 22	.1	-	.6	.4
22 - 64	8.2	.3	23.6	27.8
OVER 64	34.4	47.4	1.3	2.4
OTHER MALES	5.0	5.1	6.2	4.7
UNDER 22	-	-	.6	-
22 - 64	1.2	-	4.1	4.3
OVER 64	3.7	5.1	1.3	.3
OTHER FEMALES	6.5	7.2	4.8	4.0
UNDER 22	-	-	.6	.1
22 - 64	1.2	-	2.7	4.1
OVER 64	5.2	7.1	1.3	.4

1* AN INDIVIDUAL MAY APPEAR IN MORE THAN ONE COLUMN IF HE CHANGED PROGRAMS DURING THE YEAR, BUT APPEARS ONLY ONCE IN THE TOTAL COLUMN.

FIGURE 3: PROFILES OF SELECTED MEDICAID ELIGIBLES AND TOTAL STATE POPULATION OF KENTUCKY DURING 1973 (CATEGORICALLY NEEDY)

CHARACTERISTICS OF ELIGIBLE PERSONS	ALL STATE RESIDENTS		MEDICAID ELIGIBLES (OAA, AB, APTD)		RECIPIENTS NONINSTITUTIONALIZED[1]		RECIPIENTS INSTITUTIONALIZED[1]	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
TOTALS	3,218,706	100.0	95,233	100.0	N/A	N/A	2,696	100.0
WHITE MALES	1,464,399	45.4	30,623	32.1	N/A	N/A	782	29.0
UNDER 22	637,104	19.7	862	.9	N/A	N/A	20	.7
22 - 64	692,655	21.5	11,578	12.1	N/A	N/A	229	8.4
OVER 64	134,640	4.1	18,183	19.0	N/A	N/A	533	19.7
WHITE FEMALES	1,517,367	47.1	48,880	51.3	N/A	N/A	1,609	59.6
UNDER 22	604,974	18.7	684	.7	N/A	N/A	21	.7
22 - 64	733,939	22.8	14,564	15.2	N/A	N/A	287	10.6
OVER 64	178,454	5.5	33,632	35.3	N/A	N/A	1,301	48.2
OTHER MALES	114,637	3.5	3,797	3.9	N/A	N/A	93	3.4
UNDER 22	58,522	1.8	86	-	N/A	N/A	1	-
22 - 64	45,425	1.4	1,375	1.4	N/A	N/A	32	1.1
OVER 64	10,690	.3	2,336	2.4	N/A	N/A	60	2.2
OTHER FEMALES	122,303	3.7	8,754	9.1	N/A	N/A	205	7.6
UNDER 22	54,662	1.6	85	-	N/A	N/A	4	.1
22 - 64	53,997	1.6	2,206	2.3	N/A	N/A	39	1.4
OVER 64	13,644	.4	6,463	6.7	N/A	N/A	162	6.0

1* INCLUDES RECIPIENTS OF SERVICES FROM IN-STATE PROVIDERS ONLY.

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CHARACTERISTICS OF ELIGIBLE PERSONS	ALL STATE RESIDENTS		MEDICAID ELIGIBLES (OAA, AB, APTD)		RECIPIENTS NONINSTITUTIONALIZED[1]		RECIPIENTS INSTITUTIONALIZED[1]	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
TOTALS	3,218,706	100.0	111,973	100.0	N/A	N/A	2,146	100.0
WHITE MALES	1,464,399	45.4	35,873	32.0	N/A	N/A	662	30.8
UNDER 22	637,104	19.7	1,703	1.5	N/A	N/A	16	.7
22 - 64	692,655	21.5	14,572	13.0	N/A	N/A	198	9.2
OVER 64	134,640	4.1	19,598	17.5	N/A	N/A	448	20.8
WHITE FEMALES	1,517,367	47.1	54,662	48.8	N/A	N/A	1,194	55.6
UNDER 22	604,974	18.7	1,290	1.1	N/A	N/A	14	.6
22 - 64	733,939	22.8	18,549	16.5	N/A	N/A	221	10.2
OVER 64	178,454	5.5	34,823	31.0	N/A	N/A	959	44.6
OTHER MALES	114,637	3.5	4,598	4.1	N/A	N/A	74	3.4
UNDER 22	58,522	1.8	219	.1	N/A	N/A	1	-
22 - 64	45,425	1.4	1,691	1.5	N/A	N/A	22	1.0
OVER 64	10,690	.3	2,688	2.4	N/A	N/A	51	2.3
OTHER FEMALES	122,303	3.7	10,037	8.9	N/A	N/A	187	8.7
UNDER 22	54,662	1.6	169	.1	N/A	N/A	4	.1
22 - 64	53,997	1.6	2,786	2.4	N/A	N/A	34	1.5
OVER 64	13,644	.4	7,082	6.3	N/A	N/A	149	6.9

1* INCLUDES RECIPIENTS OF SERVICES FROM IN-STATE PROVIDERS ONLY.

FIGURE 3: PROFILES OF SELECTED MEDICAID ELIGIBLES AND TOTAL STATE POPULATION OF KENTUCKY DURING 1973 (MEDICALLY NEEDY)

CHARACTERISTICS OF ELIGIBLE PERSONS	ALL STATE RESIDENTS		MEDICAID ELIGIBLES (OAA, AB, APTD)		RECIPIENTS[1] NONINSTITUTIONALIZED		RECIPIENTS[1] INSTITUTIONALIZED	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
TOTALS	3,218,706	100.0	19,845	100.0	N/A	N/A	2,271	100.0
WHITE MALES	1,464,399	45.4	8,666	43.6	N/A	N/A	667	30.0
UNDER 22	637,104	19.7	52	.2	N/A	N/A	3	.1
22 - 64	692,655	21.5	2,593	13.0	N/A	N/A	116	5.2
OVER 64	134,640	4.1	6,021	30.3	N/A	N/A	548	24.6
WHITE FEMALES	1,517,367	47.1	9,043	45.5	N/A	N/A	1,375	61.9
UNDER 22	604,974	18.7	27	.1	N/A	N/A	5	.2
22 - 64	733,939	22.8	1,494	7.5	N/A	N/A	102	4.5
OVER 64	178,454	5.5	7,522	37.9	N/A	N/A	1,268	57.0
OTHER MALES	114,637	3.5	923	4.6	N/A	N/A	61	2.7
UNDER 22	58,522	1.8	7	-	N/A	N/A	-	-
22 - 64	45,425	1.4	211	1.0	N/A	N/A	7	.3
OVER 64	10,690	.3	705	3.5	N/A	N/A	54	2.4
OTHER FEMALES	122,303	3.7	1,200	6.0	N/A	N/A	118	5.3
UNDER 22	54,662	1.6	10	-	N/A	N/A	-	-
22 - 64	53,997	1.6	232	1.1	N/A	N/A	13	.5
OVER 64	13,644	.4	958	4.8	N/A	N/A	105	4.7

1* INCLUDES RECIPIENTS OF SERVICES FROM IN-STATE PROVIDERS ONLY.

FIGURE 3: PROFILES OF SELECTED MEDICAID ELIGIBLES AND TOTAL STATE POPULATION OF KENTUCKY DURING 1974 (MEDICALLY NEEDY)

CHARACTERISTICS OF ELIGIBLE PERSONS	ALL STATE RESIDENTS		MEDICAID ELIGIBLES (OAA, AB, APTD)		RECIPIENTS NONINSTITUTIONALIZED[1]		RECIPIENTS INSTITUTIONALIZED[1]	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
TOTALS	3,218,706	100.0	14,512	100.0	N/A	N/A	1,136	100.0
WHITE MALES	1,464,399	45.4	6,600	45.4	N/A	N/A	333	29.3
UNDER 22	637,104	19.7	52	.3	N/A	N/A	2	.1
22 - 64	692,655	21.5	2,353	16.2	N/A	N/A	66	5.8
OVER 64	134,640	4.1	4,195	28.9	N/A	N/A	265	23.3
WHITE FEMALES	1,517,367	47.1	6,216	42.8	N/A	N/A	713	62.7
UNDER 22	604,974	18.7	22	.1	N/A	N/A	3	.2
22 - 64	733,939	22.8	1,198	8.2	N/A	N/A	52	4.5
OVER 64	178,454	5.5	4,996	34.4	N/A	N/A	658	57.9
OTHER MALES	114,637	3.5	738	5.0	N/A	N/A	26	2.2
UNDER 22	58,522	1.8	6	-	N/A	N/A	-	-
22 - 64	45,425	1.4	184	1.2	N/A	N/A	1	-
OVER 64	10,690	.3	548	3.7	N/A	N/A	25	2.2
OTHER FEMALES	122,303	3.7	947	6.5	N/A	N/A	63	5.5
UNDER 22	54,662	1.6	8	-	N/A	N/A	-	-
22 - 64	53,997	1.6	176	1.2	N/A	N/A	10	.8
OVER 64	13,644	.4	763	5.2	N/A	N/A	53	4.6

1* INCLUDES RECIPIENTS OF SERVICES FROM IN-STATE PROVIDERS ONLY.

FIGURE 4: UTILIZATION OF LONG-TERM CARE SERVICES BY OWNERSHIP OF PROVIDER FOR KENTUCKY DURING 1973 (CATEGORICALLY NEEDY)

OWNERSHIP OF AGENCY OR INSTITUTION	LONG TERM HOSPITALS[1] OTHER	LONG TERM HOSPITALS[1] MENTAL	SNFS[1]	ICF SERVICES[1] MENTAL	ICF SERVICES[1] OTHER	HOME HEALTH PROVIDERS[1]
TOTAL UTILIZATION[2]	2,001	47,933	142,644	37,534	122,619	25,998
PUBLIC	2,001	47,933	6,023	-	17,432	-
VOLUNTARY	-	-	38,321	-	26,955	-
PROPRIETARY	-	-	98,300	37,534	78,232	-

1* INCLUDES IN-STATE MEDICAID-CERTIFIED PROVIDERS ONLY.

2* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS. INCLUDES UTILIZATION BY OAA, AB, AND APTD RECIPIENTS.

FIGURE 4: UTILIZATION OF LONG-TERM CARE SERVICES BY OWNERSHIP OF PROVIDER FOR KENTUCKY DURING 1974 (CATEGORICALLY NEEDY)

OWNERSHIP OF AGENCY OR INSTITUTION	LONG TERM HOSPITALS[1] OTHER	LONG TERM HOSPITALS[1] MENTAL	SNFS[1]	ICF SERVICES[1] MENTAL	ICF SERVICES[1] OTHER	HOME HEALTH PROVIDERS[1]
TOTAL UTILIZATION[2]	1,551	39,143	79,615	39,728	322,135	35,464
PUBLIC	1,551	39,143	2,662	-	36,032	-
VOLUNTARY	-	-	22,345	-	70,523	-
PROPRIETARY	-	-	54,608	39,728	215,580	-

1* INCLUDES IN-STATE MEDICAID-CERTIFIED PROVIDERS ONLY.

2* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS. INCLUDES UTILIZATION BY OAA, AB, AND APTD RECIPIENTS.

FIGURE 4: UTILIZATION OF LONG-TERM CARE SERVICES BY OWNERSHIP OF PROVIDER FOR KENTUCKY DURING 1973 (MEDICALLY NEEDY)

OWNERSHIP OF AGENCY OR INSTITUTION	LONG TERM HOSPITALS[1]		SNFS[1]	ICF SERVICES[1]		HOME HEALTH PROVIDERS[1]
	OTHER	MENTAL		MENTAL	OTHER	
TOTAL UTILIZATION[2]	2,801	22,894	261,342	7,947	57,563	5,115
PUBLIC	2,801	22,894	14,937	-	11,508	-
VOLUNTARY	-	-	76,177	-	20,725	-
PROPRIETARY	-	-	170,228	7,947	25,330	-

1* INCLUDES IN-STATE MEDICAID-CERTIFIED PROVIDERS ONLY.

2* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS. INCLUDES UTILIZATION BY OAA, AB, AND APTD RECIPIENTS.

FIGURE 4: UTILIZATION OF LONG-TERM CARE SERVICES BY OWNERSHIP OF PROVIDER FOR KENTUCKY DURING 1974 (MEDICALLY NEEDY)

OWNERSHIP OF AGENCY OR INSTITUTION	LONG TERM HOSPITALS[1] OTHER	LONG TERM HOSPITALS[1] MENTAL	SNFS[1]	ICF SERVICES[1] MENTAL	ICF SERVICES[1] OTHER	HOME HEALTH PROVIDERS[1]
TOTAL UTILIZATION[2]	314	8,604	55,725	12,102	136,929	4,434
PUBLIC	314	8,604	3,235	-	20,287	-
VOLUNTARY	-	-	17,884	-	38,602	-
PROPRIETARY	-	-	34,606	12,102	78,040	-

1* INCLUDES IN-STATE MEDICAID-CERTIFIED PROVIDERS ONLY.

2* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS. INCLUDES UTILIZATION BY OAA, AB, AND APTD RECIPIENTS.

FIGURE 5: UTILIZATION OF SERVICES AND REIMBURSMENT UNDER MEDICAID BY SELECTED BASES OF PROGRAM ELIGIBILITY FOR KENTUCKY DURING 1973 (CATEGORICALLY NEEDY)

BASIS OF PROGRAM ELIGIBILITY	LONG TERM HOSPITALS OTHER	LONG TERM HOSPITALS MENTAL	SNF SERVICES	ICF SERVICES MENTAL	ICF SERVICES OTHER	HOME HEALTH SERVICES
TOTAL NUMBER OF MEDICAID RECIPIENTS [1]	27	232	1,149	145	1,255	1,148
OAA	27	229	847	-	1,068	672
AB	-	-	13	-	11	37
APTD	-	3	289	145	176	439
TOTAL UNITS OF SERVICE	1,468	44,393	126,769	32,381	90,084	25,116
OAA	1,468	44,312	88,688	-	74,715	10,397
AB	-	-	1,281	-	1,094	697
APTD	-	81	36,800	32,381	14,275	14,022
TOTAL MEDICAID EXPENDITURES	$35,386	$598,949	$2,511,497	$232,719	$601,788	$346,652
OAA	$35,386	$597,861	$1,725,088	-	$476,675	$142,775
AB	-	-	$30,245	-	$8,345	$9,533
APTD	-	$1,087	$756,164	$232,719	$116,768	$194,343
MEAN LENGTH OF STAY	54.3	191.3	110.3	223.3	71.8	-
OAA	54.3	193.5	104.7	-	69.9	-
AB	-	-	98.5	-	99.4	-
APTD	-	27.0	127.3	223.3	81.1	-

1* AN INDIVIDUAL MAY APPEAR SEVERAL TIMES IN A ROW (HE SEES MULTIPLE PROVIDERS), AND MAY APPEAR MORE THAN ONCE IN EACH COLUMN IF HE CHANGED PROGRAMS DURING THE YEAR.

FIGURE 5: UTILIZATION OF SERVICES AND REIMBURSMENT UNDER MEDICAID BY SELECTED BASES OF PROGRAM ELIGIBILITY FOR KENTUCKY DURING 1974 (CATEGORICALLY NEEDY)

BASIS OF PROGRAM ELIGIBILITY	LONG TERM HOSPITALS OTHER	LONG TERM HOSPITALS MENTAL	SNF SERVICES	ICF SERVICES MENTAL	ICF SERVICES OTHER	HOME HEALTH SERVICES
TOTAL NUMBER OF MEDICAID RECIPIENTS 1	19	212	760	99	1,155	1,305
OAA	17	204	564	-	931	800
AB	-	-	10	-	12	29
APTD	2	8	186	99	212	476
TOTAL UNITS OF SERVICE	1,430	37,133	68,129	30,913	188,253	34,969
OAA	1,401	36,650	50,330	-	146,523	16,783
AB	-	-	467	-	2,818	642
APTD	29	483	17,332	30,913	38,912	17,544
TOTAL MEDICAID EXPENDITURES	$37,898	$488,586	$1,435,136	$474,574	$2,007,453	$464,600
OAA	$37,123	$481,826	$1,051,376	-	$1,531,361	$217,268
AB	-	-	$11,520	-	$30,972	$8,848
APTD	$775	$6,760	$372,240	$474,574	$445,120	$238,483
MEAN LENGTH OF STAY	75.3	175.2	89.6	312.2	163.0	-
OAA	82.4	179.7	89.2	-	157.4	-
AB	-	-	46.7	-	234.8	-
APTD	14.5	60.3	93.2	312.2	183.5	-

1* AN INDIVIDUAL MAY APPEAR SEVERAL TIMES IN A ROW (HE SEES MULTIPLE PROVIDERS), AND MAY APPEAR MORE THAN ONCE IN EACH COLUMN IF HE CHANGED PROGRAMS DURING THE YEAR.

FIGURE 5: UTILIZATION OF SERVICES AND REIMBURSMENT UNDER MEDICAID BY SELECTED BASES OF PROGRAM ELIGIBILITY FOR KENTUCKY DURING 1973 (MEDICALLY NEEDY)

BASIS OF PROGRAM ELIGIBILITY	LONG TERM HOSPITALS OTHER	LONG TERM HOSPITALS MENTAL	SNF SERVICES	ICF SERVICES MENTAL	ICF SERVICES OTHER	HOME HEALTH SERVICES
TOTAL NUMBER OF MEDICAID RECIPIENTS [1]	40	104	1,589	31	521	208
OAA	40	102	1,404	-	483	106
AB	-	-	3	-	1	1
APTD	-	2	182	31	37	101
TOTAL UNITS OF SERVICE	2,472	21,267	251,891	6,684	47,941	4,325
OAA	2,472	21,145	228,436	-	44,918	1,827
AB	-	-	679	-	20	1
APTD	-	122	22,776	6,684	3,003	2,497
TOTAL MEDICAID EXPENDITURES	$59,934	$232,861	$4,202,078	$48,255	$309,538	$58,124
OAA	$59,934	$231,215	$3,802,961	-	$286,524	$25,138
AB	-	-	$8,649	-	$61	$12
APTD	-	$1,646	$390,467	$48,255	$22,952	$32,973
MEAN LENGTH OF STAY	61.8	204.5	158.5	215.6	92.0	-
OAA	61.8	207.3	162.7	-	92.9	-
AB	-	-	226.3	-	20.0	-
APTD	-	61.0	125.1	215.6	81.1	-

1* AN INDIVIDUAL MAY APPEAR SEVERAL TIMES IN A ROW (HE SEES MULTIPLE PROVIDERS), AND MAY APPEAR MORE THAN ONCE IN EACH COLUMN IF HE CHANGED PROGRAMS DURING THE YEAR.

FIGURE 5: UTILIZATION OF SERVICES AND REIMBURSMENT UNDER MEDICAID BY SELECTED BASES OF PROGRAM ELIGIBILITY FOR KENTUCKY DURING 1974 (MEDICALLY NEEDY)

BASIS OF PROGRAM ELIGIBILITY	LONG TERM HOSPITALS OTHER	LONG TERM HOSPITALS MENTAL	SNF SERVICES	ICF SERVICES MENTAL	ICF SERVICES OTHER	HOME HEALTH SERVICES
TOTAL NUMBER OF MEDICAID RECIPIENTS 1	7	50	634	31	452	193
OAA	7	49	558	-	422	100
AB	-	-	2	-	-	1
APTD	-	1	74	31	30	92
TOTAL UNITS OF SERVICE	231	6,813	44,492	8,884	55,521	4,171
OAA	231	6,723	38,343	-	49,956	2,262
AB	-	-	201	-	-	1
APTD	-	90	5,948	8,884	5,565	1,908
TOTAL MEDICAID EXPENDITURES	$5,672	$73,282	$865,156	$118,489	$482,987	$56,272
OAA	$5,672	$72,055	$765,548	-	$426,488	$28,592
AB	-	-	$3,196	-	-	$26
APTD	-	$1,227	$96,411	$118,489	$56,498	$27,653
MEAN LENGTH OF STAY	33.0	136.2	70.1	286.5	122.8	-
OAA	33.0	137.2	68.7	-	118.3	-
AB	-	-	100.5	-	-	-
APTD	-	90.0	80.3	286.5	185.5	-

1* AN INDIVIDUAL MAY APPEAR SEVERAL TIMES IN A ROW (HE SEES MULTIPLE PROVIDERS), AND MAY APPEAR MORE THAN ONCE IN EACH COLUMN IF HE CHANGED PROGRAMS DURING THE YEAR.

FIGURE 6: UNITS OF LONG-TERM CARE SERVICES FOR SELECTED MEDICAID ELIGIBLES BY PROVIDER TYPE FOR KENTUCKY DURING 1973 (CATEGORICALLY NEEDY)[1]

PROVIDER AND OWNERSHIP	BASIS OF PROGRAM ELIGIBILITY OAA	AB	APTD
PUBLIC:			
LONG TERM HOSPITALS	45,736	-	72
MENTAL	44,286	-	72
OTHER	1,450	-	-
ALL ICFS	12,267	332	1,125
MENTAL	-	-	-
OTHER	12,267	332	1,125
SNFS	3,409	-	971
HOME HEALTH PROVIDERS	-	-	-
VOLUNTARY:			
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	18,435	241	2,250
MENTAL	-	-	-
OTHER	18,435	241	2,250
SNFS	24,353	223	10,521
HOME HEALTH PROVIDERS	-	-	-
PROPRIETARY:			
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	44,013	501	43,281
MENTAL	-	-	32,381
OTHER	44,013	501	10,900
SNFS	60,926	1,058	25,308
HOME HEALTH PROVIDERS	-	-	-
OUT-OF-STATE[2]	14,896	236	8,194

1* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS, AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS.

2* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 6: UNITS OF LONG-TERM CARE SERVICES FOR SELECTED MEDICAID ELIGIBLES BY PROVIDER TYPE FOR KENTUCKY DURING 1974 (CATEGORICALLY NEEDY)[1]

PROVIDER AND OWNERSHIP	BASIS OF PROGRAM ELIGIBILITY OAA	AB	APTD
PUBLIC:			
LONG TERM HOSPITALS	38,051	-	512
MENTAL	36,650	-	483
OTHER	1,401	-	29
ALL ICFS	13,895	255	4,077
MENTAL	-	-	-
OTHER	13,895	255	4,077
SNFS	1,327	-	493
HOME HEALTH PROVIDERS	-	-	-
VOLUNTARY:			
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	33,552	485	6,417
MENTAL	-	-	-
OTHER	33,552	485	6,417
SNFS	14,385	61	4,597
HOME HEALTH PROVIDERS	-	-	-
PROPRIETARY:			
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	99,076	2,078	59,331
MENTAL	-	-	30,913
OTHER	99,076	2,078	28,418
SNFS	34,618	406	12,242
HOME HEALTH PROVIDERS	-	-	-
OUT-OF-STATE[2]	4,009	126	1,830

1* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS, AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS.

2* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 6: UNITS OF LONG-TERM CARE SERVICES FOR SELECTED MEDICAID ELIGIBLES BY PROVIDER TYPE FOR KENTUCKY DURING 1973 (MEDICALLY NEEDY)[1]

PROVIDER AND OWNERSHIP	BASIS OF PROGRAM ELIGIBILITY		
	OAA	AB	APTD
PUBLIC:			
LONG TERM HOSPITALS	23,617	-	122
MENTAL	21,145	-	122
OTHER	2,472	-	-
ALL ICFS	8,787	-	254
MENTAL	-	-	-
OTHER	8,787	-	254
SNFS	13,868	-	497
HOME HEALTH PROVIDERS	-	-	-
VOLUNTARY:			
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	15,502	-	595
MENTAL	-	-	-
OTHER	15,502	-	595
SNFS	64,780	-	7,540
HOME HEALTH PROVIDERS	-	-	-
PROPRIETARY:			
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	14,843	20	8,467
MENTAL	-	-	6,684
OTHER	14,843	20	1,783
SNFS	145,777	679	14,520
HOME HEALTH PROVIDERS	-	-	-
OUT-OF-STATE[2]	38,397	377	5,446

1* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS, AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS.

2* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 6: UNITS OF LONG-TERM CARE SERVICES FOR SELECTED MEDICAID ELIGIBLES BY PROVIDER TYPE FOR KENTUCKY DURING 1974 (MEDICALLY NEEDY)[1]

PROVIDER AND OWNERSHIP	BASIS OF PROGRAM ELIGIBILITY OAA	AB	APTD
PUBLIC:			
LONG TERM HOSPITALS	6,310	-	90
MENTAL	6,129	-	90
OTHER	181	-	-
ALL ICFS	8,454	-	1,290
MENTAL	-	-	-
OTHER	8,454	-	1,290
SNFS	1,985	-	253
HOME HEALTH PROVIDERS	-	-	-
VOLUNTARY:			
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	14,767	-	585
MENTAL	-	-	-
OTHER	14,767	-	585
SNFS	12,302	20	2,356
HOME HEALTH PROVIDERS	-	-	-
PROPRIETARY:			
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	22,362	-	11,414
MENTAL	-	-	8,309
OTHER	22,362	-	3,105
SNFS	22,980	181	3,196
HOME HEALTH PROVIDERS	-	-	-
OUT-OF-STATE[2]	3,652	-	1,023

1* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS, AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS.

2* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 7: MEDICAID EXPENDITURES FOR LONG-TERM CARE SERVICES BY PROVIDER TYPE FOR SELECTED MEDICAID ELIGIBLES FOR KENTUCKY DURING 1973 (CATEGORICALLY NEEDY)

PROVIDER AND OWNERSHIP	BASIS OF PROGRAM ELIGIBILITY OAA	AB	APTD
PUBLIC:	$772,458	$1,798	$29,620
LONG TERM HOSPITALS	$632,635	-	$965
MENTAL	$597,737	-	$965
OTHER	$34,898	-	-
ALL ICFS	$72,378	$1,798	$7,946
MENTAL	-	-	-
OTHER	$72,378	$1,798	$7,946
SNFS	$67,444	-	$20,708
HOME HEALTH PROVIDERS	-	-	-
VOLUNTARY:	$655,911	$9,337	$276,118
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	$114,368	$1,913	$19,386
MENTAL	-	-	-
OTHER	$114,368	$1,913	$19,386
SNFS	$541,542	$7,423	$256,732
HOME HEALTH PROVIDERS	-	-	-
PROPRIETARY:	$1,406,032	$27,393	$800,879
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	$289,929	$4,572	$322,155
MENTAL	-	-	$232,719
OTHER	$289,929	$4,572	$89,436
SNFS	$1,116,102	$22,821	$478,724
HOME HEALTH PROVIDERS	-	-	-
OUT-OF-STATE[1]	$246,856	$4,323	$152,370

1* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 7: MEDICAID EXPENDITURES FOR LONG-TERM CARE SERVICES BY PROVIDER TYPE FOR SELECTED MEDICAID ELIGIBLES FOR KENTUCKY DURING 1974 (CATEGORICALLY NEEDY)

PROVIDER AND OWNERSHIP	BASIS OF PROGRAM ELIGIBILITY OAA	AB	APTD
PUBLIC:	$696,614	$2,409	$67,142
LONG TERM HOSPITALS	$518,949	-	$7,535
MENTAL	$481,826	-	$6,760
OTHER	$37,123	-	$775
ALL ICFS	$151,268	$2,409	$47,206
MENTAL	-	-	-
OTHER	$151,268	$2,409	$47,206
SNFS	$26,396	-	$12,400
HOME HEALTH PROVIDERS	-	-	-
VOLUNTARY:	$659,362	$7,003	$183,153
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	$336,137	$4,910	$73,770
MENTAL	-	-	-
OTHER	$336,137	$4,910	$73,770
SNFS	$323,225	$2,093	$109,383
HOME HEALTH PROVIDERS	-	-	-
PROPRIETARY:	$1,745,681	$33,079	$1,049,176
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	$1,043,956	$23,653	$798,718
MENTAL	-	-	$474,574
OTHER	$1,043,956	$23,653	$324,144
SNFS	$701,725	$9,426	$250,457
HOME HEALTH PROVIDERS	-	-	-
OUT-OF-STATE[1]	$70,589	$2,488	$35,388

1* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 7: MEDICAID EXPENDITURES FOR LONG-TERM CARE SERVICES BY PROVIDER TYPE FOR SELECTED MEDICAID ELIGIBLES FOR KENTUCKY DURING 1973 (MEDICALLY NEEDY)

PROVIDER AND OWNERSHIP	BASIS OF PROGRAM ELIGIBILITY OAA	AB	APTD
PUBLIC:	$571,927	-	$10,089
LONG TERM HOSPITALS	$290,609	-	$1,646
MENTAL	$231,215	-	$1,646
OTHER	$59,394	-	-
ALL ICFS	$56,999	-	$1,761
MENTAL	-	-	-
OTHER	$56,999	-	$1,761
SNFS	$224,318	-	$6,681
HOME HEALTH PROVIDERS	-	-	-
VOLUNTARY:	$1,269,113	-	$148,942
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	$91,004	-	$4,895
MENTAL	-	-	-
OTHER	$91,004	-	$4,895
SNFS	$1,178,108	-	$144,047
HOME HEALTH PROVIDERS	-	-	-
PROPRIETARY:	$2,450,917	$8,711	$295,480
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	$108,637	$61	$61,669
MENTAL	-	-	$48,255
OTHER	$108,637	$61	$13,414
SNFS	$2,342,279	$8,649	$233,810
HOME HEALTH PROVIDERS	-	-	-
OUT-OF-STATE[1]	$598,614	$8,776	$71,028

1* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 7: MEDICAID EXPENDITURES FOR LONG-TERM CARE SERVICES BY PROVIDER TYPE FOR SELECTED MEDICAID ELIGIBLES FOR KENTUCKY DURING 1974 (MEDICALLY NEEDY)

PROVIDER AND OWNERSHIP	BASIS OF PROGRAM ELIGIBILITY OAA	AB	APTD
PUBLIC:	$172,310	-	$18,067
LONG TERM HOSPITALS	$69,267	-	$1,227
MENTAL	$64,894	-	$1,227
OTHER	$4,373	-	-
ALL ICFS	$67,837	-	$13,231
MENTAL	-	-	-
OTHER	$67,837	-	$13,231
SNFS	$35,205	-	$3,608
HOME HEALTH PROVIDERS	-	-	-
VOLUNTARY:	$364,086	$522	$44,067
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	$122,746	-	$5,816
MENTAL	-	-	-
OTHER	$122,746	-	$5,816
SNFS	$241,339	$522	$38,251
HOME HEALTH PROVIDERS	-	-	-
PROPRIETARY:	$666,204	$2,674	$192,524
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	$195,106	-	$140,569
MENTAL	-	-	$109,502
OTHER	$195,106	-	$31,066
SNFS	$471,097	$2,674	$51,955
HOME HEALTH PROVIDERS	-	-	-
OUT-OF-STATE[1]	$56,500	-	$17,373

1* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 8: UNITS OF LONG TERM CARE SERVICES FOR SELECTED MEDICAID ELIGIBLES BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR KENTUCKY DURING 1973 (CATEGORICALLY NEEDY)[1]

PROVIDER AND OWNERSHIP	WHITE MALES UNDER 22	WHITE MALES 22-64	WHITE MALES OVER 64	WHITE FEMALES UNDER 22	WHITE FEMALES 22-64	WHITE FEMALES OVER 64
PUBLIC:						
LONG TERM HOSPITALS	34	21	18,721	17	354	20,447
MENTAL	34	21	17,940	17	354	20,056
OTHER	-	-	781	-	-	391
ALL ICFS	-	58	3,043	-	935	8,073
MENTAL	-	-	-	-	-	-
OTHER	-	58	3,043	-	935	8,073
SNFS	249	247	824	-	457	2,547
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	30	998	3,741	36	1,371	13,907
MENTAL	-	-	-	-	-	-
OTHER	30	998	3,741	36	1,371	13,907
SNFS	306	2,624	4,241	372	6,444	16,030
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	2,150	18,434	11,583	2,730	15,349	26,522
MENTAL	1,959	13,789	-	2,416	10,196	-
OTHER	191	4,645	11,583	314	5,153	26,522
SNFS	679	8,742	11,537	325	13,498	39,910
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[2]	437	2,160	2,977	273	4,268	9,697

1* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS, AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS.

2* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

CONT. FIGURE 8: UNITS OF LONG TERM CARE SERVICES FOR SELECTED MEDICAID ELIGIBLES BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR KENTUCKY DURING 1973 (CATEGORICALLY NEEDY)[1]

PROVIDER AND OWNERSHIP	OTHER MALES UNDER 22	OTHER MALES 22-64	OTHER MALES OVER 64	OTHER FEMALES UNDER 22	OTHER FEMALES 22-64	OTHER FEMALES OVER 64
PUBLIC:						
LONG TERM HOSPITALS	-	-	1,937	-	-	4,277
MENTAL	-	-	1,720	-	-	4,216
OTHER	-	-	217	-	-	61
ALL ICFS	-	244	448	-	159	764
MENTAL	-	-	-	-	-	-
OTHER	-	244	448	-	159	764
SNFS	-	56	-	-	-	-
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	-	189	-	-	654
MENTAL	-	-	-	-	-	-
OTHER	-	-	189	-	-	654
SNFS	-	178	126	5	1,116	3,591
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	306	1,361	1,992	426	3,032	3,859
MENTAL	306	840	-	426	2,449	-
OTHER	-	521	1,992	-	583	3,859
SNFS	-	1,095	1,627	46	2,489	7,239
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[2]	-	716	214	-	732	1,838

1* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS, AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS.

2* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 8: UNITS OF LONG TERM CARE SERVICES FOR SELECTED MEDICAID ELIGIBLES BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR KENTUCKY DURING 1974 (CATEGORICALLY NEEDY)[1]

PROVIDER AND OWNERSHIP	WHITE MALES UNDER 22	WHITE MALES 22-64	WHITE MALES OVER 64	WHITE FEMALES UNDER 22	WHITE FEMALES 22-64	WHITE FEMALES OVER 64
PUBLIC:						
LONG TERM HOSPITALS	20	484	17,142	36	389	15,556
MENTAL	20	465	16,819	36	379	14,953
OTHER	-	19	323	-	10	603
ALL ICFS	26	1,145	2,615	-	3,157	9,309
MENTAL	-	-	-	-	-	-
OTHER	26	1,145	2,615	-	3,157	9,309
SNFS	25	130	151	-	307	1,143
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	2,443	7,315	57	3,790	22,683
MENTAL	-	-	-	-	-	-
OTHER	-	2,443	7,315	57	3,790	22,683
SNFS	3	1,336	3,445	151	2,830	8,677
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	2,248	24,686	25,648	2,874	23,303	58,891
MENTAL	1,640	13,413	-	2,004	9,952	-
OTHER	608	11,273	25,648	870	13,351	58,891
SNFS	367	4,603	7,896	-	6,132	21,511
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[2]	121	452	634	-	1,146	2,567

1* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS, AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS.

2* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

CONT. FIGURE 8: UNITS OF LONG TERM CARE SERVICES FOR SELECTED MEDICAID ELIGIBLES BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR KENTUCKY DURING 1974 (CATEGORICALLY NEEDY)[1]

PROVIDER AND OWNERSHIP	OTHER MALES			OTHER FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:						
LONG TERM HOSPITALS	-	-	1,506	-	-	2,687
MENTAL	-	-	1,031	-	-	2,687
OTHER	-	-	475	-	-	-
ALL ICFS	-	-	606	-	-	1,339
MENTAL	-	-	-	-	-	-
OTHER	-	-	606	-	-	1,339
SNFS	-	31	11	-	-	22
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	-	846	-	-	2,664
MENTAL	-	-	-	-	-	-
OTHER	-	-	846	-	-	2,664
SNFS	-	183	157	-	306	1,818
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	334	3,023	3,409	472	4,330	10,253
MENTAL	334	1,002	-	441	2,127	-
OTHER	-	2,021	3,409	31	2,203	10,253
SNFS	-	343	1,156	9	1,100	3,473
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[2]	-	136	130	-	101	678

1* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS, AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS.

2* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 8: UNITS OF LONG TERM CARE SERVICES FOR SELECTED MEDICAID ELIGIBLES BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR KENTUCKY DURING 1973 (MEDICALLY NEEDY)[1]

PROVIDER AND OWNERSHIP	WHITE MALES			WHITE FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:						
LONG TERM HOSPITALS	-	61	10,316	-	92	10,005
MENTAL	-	61	8,844	-	92	9,152
OTHER	-	-	1,472	-	-	853
ALL ICFS	-	40	2,344	-	214	6,096
MENTAL	-	-	-	-	-	-
OTHER	-	40	2,344	-	214	6,096
SNFS	-	194	4,968	-	472	8,281
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	364	2,416	127	231	12,778
MENTAL	-	-	-	-	-	-
OTHER	-	364	2,416	127	231	12,778
SNFS	4	2,451	13,232	305	3,889	50,911
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	4,886	3,624	391	2,782	9,586
MENTAL	-	4,022	-	330	2,068	-
OTHER	-	864	3,624	61	714	9,586
SNFS	365	6,834	40,516	269	4,848	93,825
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[2]	-	2,665	13,060	-	2,591	21,432

1* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS, AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS.

2* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

CONT. FIGURE 8: UNITS OF LONG TERM CARE SERVICES FOR SELECTED MEDICAID ELIGIBLES BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR KENTUCKY DURING 1973 (MEDICALLY NEEDY)[1]

PROVIDER AND OWNERSHIP	OTHER MALES			OTHER FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:						
LONG TERM HOSPITALS	-	-	1,087	-	-	2,178
MENTAL	-	-	968	-	-	2,150
OTHER	-	-	119	-	-	28
ALL ICFS	-	-	92	-	-	255
MENTAL	-	-	-	-	-	-
OTHER	-	-	92	-	-	255
SNFS	-	-	178	-	-	272
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	-	25	-	-	156
MENTAL	-	-	-	-	-	-
OTHER	-	-	25	-	-	156
SNFS	-	-	64	-	183	1,281
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	184	364	-	284	1,229
MENTAL	-	-	-	-	264	-
OTHER	-	184	364	-	20	1,229
SNFS	-	362	3,665	-	1,141	9,151
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[2]	-	11	2,378	-	27	2,025

1* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS, AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS.

2* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 8: UNITS OF LONG TERM CARE SERVICES FOR SELECTED MEDICAID ELIGIBLES BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR KENTUCKY DURING 1974 (MEDICALLY NEEDY)[1]

PROVIDER AND OWNERSHIP	WHITE MALES			WHITE FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:						
LONG TERM HOSPITALS	-	334	2,436	-	90	2,082
MENTAL	-	334	2,322	-	90	2,029
OTHER	-	-	114	-	-	53
ALL ICFS	-	303	2,255	-	642	6,165
MENTAL	-	-	-	-	-	-
OTHER	-	303	2,255	-	642	6,165
SNFS	-	-	579	-	289	1,370
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	424	3,040	31	161	11,488
MENTAL	-	-	-	-	-	-
OTHER	-	424	3,040	31	161	11,488
SNFS	-	1,195	2,838	-	948	9,049
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	31	6,061	6,111	637	4,361	13,245
MENTAL	31	4,525	-	334	2,751	-
OTHER	-	1,536	6,111	303	1,610	13,245
SNFS	181	1,995	6,003	-	706	14,645
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[2]	-	514	1,243	-	290	1,858

1* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS, AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS.

2* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

CONT. FIGURE 8: UNITS OF LONG TERM CARE SERVICES FOR SELECTED MEDICAID ELIGIBLES BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR KENTUCKY DURING 1974 (MEDICALLY NEEDY)[1]

PROVIDER AND OWNERSHIP	OTHER MALES			OTHER FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:						
LONG TERM HOSPITALS	-	-	261	-	-	1,197
MENTAL	-	-	247	-	-	1,197
OTHER	-	-	14	-	-	-
ALL ICFS	-	-	-	-	153	226
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	153	226
SNFS	-	-	-	-	-	-
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	-	203	-	-	5
MENTAL	-	-	-	-	-	-
OTHER	-	-	203	-	-	5
SNFS	-	-	163	-	-	334
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	14	293	-	668	2,355
MENTAL	-	-	-	-	668	-
OTHER	-	14	293	-	-	2,355
SNFS	-	-	1,020	-	357	1,450
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[2]	-	147	351	-	-	272

1* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS, AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS.

2* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 9: MEDICAID EXPENDITURES FOR LONG-TERM CARE SERVICES ON BEHALF OF SELECTED ELIGIBLES (OAA, AB, APTD) BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR KENTUCKY DURING 1973 (CATEGORICALLY NEEDY)

PROVIDER AND OWNERSHIP	WHITE MALES			WHITE FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:	$7,940	$5,289	$291,165	$231	$19,398	$382,195
LONG TERM HOSPITALS	$463	$269	$259,181	$231	$4,626	$281,445
MENTAL	$463	$269	$240,529	$231	$4,626	$272,105
OTHER	-	-	$18,652	-	-	$9,340
ALL ICFS	-	$517	$19,773	-	$6,888	$46,095
MENTAL	-	-	-	-	-	-
OTHER	-	$517	$19,773	-	$6,888	$46,095
SNFS	$7,476	$4,502	$12,210	-	$7,883	$54,654
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:	$7,038	$78,555	$119,686	$6,150	$171,076	$435,888
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	$157	$8,158	$24,678	$300	$11,921	$83,533
MENTAL	-	-	-	-	-	-
OTHER	$157	$8,158	$24,678	$300	$11,921	$83,533
SNFS	$6,881	$70,397	$95,008	$5,850	$159,155	$352,355
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:	$31,261	$298,553	$274,885	$23,649	$372,582	$891,795
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	$16,910	$135,210	$78,664	$17,633	$116,784	$164,934
MENTAL	$15,029	$98,763	-	$15,697	$72,901	-
OTHER	$1,881	$36,447	$78,664	$1,936	$43,883	$164,934
SNFS	$14,351	$163,343	$196,220	$6,015	$255,798	$726,860
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[1]	$12,841	$40,682	$46,920	$4,641	$74,840	$155,006

1* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

CONT. FIGURE 9: MEDICAID EXPENDITURES FOR LONG-TERM CARE SERVICES ON BEHALF OF SELECTED ELIGIBLES (OAA, AB, APTD) BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR KENTUCKY DURING 1973 (CATEGORICALLY NEEDY)

PROVIDER AND OWNERSHIP	OTHER MALES			OTHER FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:	-	$2,422	$31,172	-	$879	$63,182
LONG TERM HOSPITALS	-	-	$28,619	-	-	$58,760
MENTAL	-	-	$23,299	-	-	$57,176
OTHER	-	-	$5,320	-	-	$1,584
ALL ICFS	-	$995	$2,552	-	$879	$4,421
MENTAL	-	-	-	-	-	-
OTHER	-	$995	$2,552	-	$879	$4,421
SNFS	-	$1,426	-	-	-	-
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:	-	$3,792	$3,810	$110	$24,423	$89,857
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	-	$1,661	-	-	$5,259
MENTAL	-	-	-	-	-	-
OTHER	-	-	$1,661	-	-	$5,259
SNFS	-	$3,792	$2,148	$110	$24,423	$84,598
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:	$2,160	$31,632	$46,171	$4,029	$76,052	$179,427
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	$2,160	$11,571	$14,851	$3,466	$23,100	$31,039
MENTAL	$2,160	$6,731	-	$3,466	$17,972	-
OTHER	-	$4,840	$14,851	-	$5,128	$31,039
SNFS	-	$20,061	$31,319	$563	$52,952	$148,388
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[1]	-	$13,477	$2,804	-	$13,137	$38,965

1* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 9: MEDICAID EXPENDITURES FOR LONG-TERM CARE SERVICES ON BEHALF OF SELECTED ELIGIBLES (OAA, AB, APTD) BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR KENTUCKY DURING 1974 (CATEGORICALLY NEEDY)

PROVIDER AND OWNERSHIP	WHITE MALES UNDER 22	WHITE MALES 22-64	WHITE MALES OVER 64	WHITE FEMALES UNDER 22	WHITE FEMALES 22-64	WHITE FEMALES OVER 64
PUBLIC:	$1,116	$25,721	$260,691	$494	$47,014	$334,913
LONG TERM HOSPITALS	$274	$7,027	$229,267	$494	$5,526	$212,469
MENTAL	$274	$6,497	$220,842	$494	$5,281	$197,033
OTHER	-	$530	$8,425	-	$245	$15,436
ALL ICFS	$184	$13,846	$28,789	-	$35,440	$99,405
MENTAL	-	-	-	-	-	-
OTHER	$184	$13,846	$28,789	-	$35,440	$99,405
SNFS	$657	$4,847	$2,634	-	$6,047	$23,038
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:	$100	$60,441	$151,203	$3,199	$110,174	$422,008
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	$27,125	$72,874	$450	$42,914	$226,770
MENTAL	-	-	-	-	-	-
OTHER	-	$27,125	$72,874	$450	$42,914	$226,770
SNFS	$100	$33,715	$78,329	$2,749	$67,260	$195,237
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:	$39,691	$425,742	$427,828	$41,129	$434,589	$1,039,246
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	$32,882	$332,865	$270,229	$41,129	$305,636	$608,881
MENTAL	$25,485	$206,401	-	$31,158	$152,817	-
OTHER	$7,397	$126,464	$270,229	$9,971	$152,818	$608,881
SNFS	$6,809	$92,877	$157,598	-	$128,953	$430,365
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[1]	$2,399	$8,584	$9,793	-	$22,283	$43,835

1* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

CONT. FIGURE 9: MEDICAID EXPENDITURES FOR LONG-TERM CARE SERVICES ON BEHALF OF SELECTED ELIGIBLES (OAA, AB, APTD) BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR KENTUCKY DURING 1974 (CATEGORICALLY NEEDY)

PROVIDER AND OWNERSHIP	OTHER MALES			OTHER FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:	-	$648	$33,147	-	-	$52,178
LONG TERM HOSPITALS	-	-	$25,978	-	-	$35,734
MENTAL	-	-	$12,716	-	-	$35,734
OTHER	-	-	$13,262	-	-	-
ALL ICFS	-	-	$6,942	-	-	$15,946
MENTAL	-	-	-	-	-	-
OTHER	-	-	$6,942	-	-	$15,946
SNFS	-	$648	$226	-	-	$497
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:	-	$3,711	$12,445	-	$6,690	$70,544
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	-	$9,699	-	-	$28,045
MENTAL	-	-	-	-	-	-
OTHER	-	-	$9,699	-	-	$28,045
SNFS	-	$3,711	$2,745	-	$6,690	$42,499
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:	$5,193	$44,744	$64,504	$7,331	$81,020	$194,087
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	$5,193	$38,467	$37,075	$7,186	$56,782	$119,007
MENTAL	$5,193	$15,579	-	$6,783	$31,158	-
OTHER	-	$22,888	$37,075	$403	$25,624	$119,007
SNFS	-	$6,276	$27,428	$145	$24,237	$75,079
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[1]	-	$2,705	$1,618	-	$1,903	$15,341

1* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 9: MEDICAID EXPENDITURES FOR LONG-TERM CARE SERVICES ON BEHALF OF SELECTED ELIGIBLES (OAA, AB, APTD) BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR KENTUCKY DURING 1973 (MEDICALLY NEEDY)

PROVIDER AND OWNERSHIP	WHITE MALES			WHITE FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:	-	$3,748	$218,453	-	$10,569	$302,764
LONG TERM HOSPITALS	-	$814	$129,395	-	$1,254	$124,650
MENTAL	-	$814	$94,964	-	$1,254	$103,337
OTHER	-	-	$34,431	-	-	$21,312
ALL ICFS	-	$384	$15,355	-	$1,377	$39,347
MENTAL	-	-	-	-	-	-
OTHER	-	$384	$15,355	-	$1,377	$39,347
SNFS	-	$2,549	$73,702	-	$7,937	$138,766
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:	$66	$42,805	$252,615	$6,138	$77,171	$1,009,697
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	$2,976	$14,679	$849	$1,919	$73,985
MENTAL	-	-	-	-	-	-
OTHER	-	$2,976	$14,679	$849	$1,919	$73,985
SNFS	$66	$39,829	$237,935	$5,289	$75,252	$935,711
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:	$5,324	$145,402	$599,163	$7,959	$102,092	$1,578,875
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	$34,655	$26,530	$2,534	$21,920	$69,738
MENTAL	-	$27,762	-	$2,162	$16,362	-
OTHER	-	$6,893	$26,530	$372	$5,558	$69,738
SNFS	$5,324	$110,747	$572,633	$5,424	$80,172	$1,509,137
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[1]	-	$30,551	$189,192	-	$42,359	$346,944

1* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

CONT. FIGURE 9: MEDICAID EXPENDITURES FOR LONG-TERM CARE SERVICES ON BEHALF OF SELECTED ELIGIBLES (OAA, AB, APTD) BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR KENTUCKY DURING 1973 (MEDICALLY NEEDY)

PROVIDER AND OWNERSHIP	OTHER MALES UNDER 22	OTHER MALES 22-64	OTHER MALES OVER 64	OTHER FEMALES UNDER 22	OTHER FEMALES 22-64	OTHER FEMALES OVER 64
PUBLIC:	-	-	$16,386	-	-	$30,095
LONG TERM HOSPITALS	-	-	$13,462	-	-	$22,677
MENTAL	-	-	$10,477	-	-	$22,013
OTHER	-	-	$2,985	-	-	$663
ALL ICFS	-	-	$755	-	-	$1,542
MENTAL	-	-	-	-	-	-
OTHER	-	-	$755	-	-	$1,542
SNFS	-	-	$2,169	-	-	$5,875
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:	-	-	$1,007	-	$7,527	$21,027
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	-	$189	-	-	$1,300
MENTAL	-	-	-	-	-	-
OTHER	-	-	$189	-	-	$1,300
SNFS	-	-	$818	-	$7,527	$19,726
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:	-	$6,033	$71,451	-	$21,152	$217,653
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	$688	$2,298	-	$2,030	$9,973
MENTAL	-	-	-	-	$1,968	-
OTHER	-	$688	$2,298	-	$61	$9,973
SNFS	-	$5,345	$69,153	-	$19,122	$207,679
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[1]	-	$207	$29,960	-	$330	$38,660

1* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 9: MEDICAID EXPENDITURES FOR LONG-TERM CARE SERVICES ON BEHALF OF SELECTED ELIGIBLES (OAA, AB, APTD) BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR KENTUCKY DURING 1974 (MEDICALLY NEEDY)

PROVIDER AND OWNERSHIP	WHITE MALES			WHITE FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:	-	$7,410	$54,029	-	$12,179	$97,035
LONG TERM HOSPITALS	-	$4,462	$26,441	-	$1,227	$22,627
MENTAL	-	$4,462	$23,708	-	$1,227	$21,328
OTHER	-	-	$2,732	-	-	$1,298
ALL ICFS	-	$2,948	$17,933	-	$6,619	$49,581
MENTAL	-	-	-	-	-	-
OTHER	-	$2,948	$17,933	-	$6,619	$49,581
SNFS	-	-	$9,654	-	$4,332	$24,826
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:	-	$20,774	$80,060	$281	$18,889	$272,320
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	$4,074	$27,228	$281	$1,741	$93,258
MENTAL	-	-	-	-	-	-
OTHER	-	$4,074	$27,228	$281	$1,741	$93,258
SNFS	-	$16,700	$52,832	-	$17,147	$179,061
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:	$2,935	$104,622	$145,477	$6,072	$67,304	$419,720
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	$261	$73,640	$47,924	$6,072	$54,295	$117,046
MENTAL	$261	$58,601	-	$3,640	$37,813	-
OTHER	-	$15,039	$47,924	$2,432	$16,482	$117,046
SNFS	$2,674	$30,982	$97,552	-	$13,009	$302,673
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[1]	-	$7,541	$18,401	-	$5,955	$29,896

1* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

CONT. FIGURE 9: MEDICAID EXPENDITURES FOR LONG-TERM CARE SERVICES ON BEHALF OF SELECTED ELIGIBLES (OAA, AB, APTD) BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR KENTUCKY DURING 1974 (MEDICALLY NEEDY)

PROVIDER AND OWNERSHIP	OTHER MALES UNDER 22	OTHER MALES 22-64	OTHER MALES OVER 64	OTHER FEMALES UNDER 22	OTHER FEMALES 22-64	OTHER FEMALES OVER 64
PUBLIC:	-	-	$3,240	-	$1,989	$14,494
LONG TERM HOSPITALS	-	-	$3,240	-	-	$12,497
MENTAL	-	-	$2,897	-	-	$12,497
OTHER	-	-	$343	-	-	-
ALL ICFS	-	-	-	-	$1,989	$1,997
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	$1,989	$1,997
SNFS	-	-	-	-	-	-
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:	-	-	$5,740	-	-	$6,336
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	-	$1,941	-	-	$36
MENTAL	-	-	-	-	-	-
OTHER	-	-	$1,941	-	-	$36
SNFS	-	-	$3,798	-	-	$6,299
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:	-	$53	$30,690	-	$14,621	$69,905
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	$53	$3,101	-	$9,187	$24,094
MENTAL	-	-	-	-	$9,187	-
OTHER	-	$53	$3,101	-	-	$24,094
SNFS	-	-	$27,589	-	$5,434	$45,810
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[1]	-	$2,889	$2,847	-	-	$6,342

1* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 10: UTILIZATION AND EXPENDITURES FOR MEDICAID SERVICES IN 1973 ON BEHALF OF SELECTED 1974 MEDICAID ELIGIBLES FOR KENTUCKY (CATEGORICALLY NEEDY)

UTILIZATION OF SERVICES IN 1973 BY 1974 ELIGIBLES	LONG TERM HOSPITALS OTHER	LONG TERM HOSPITALS MENTAL	SNF SERVICES	ICF SERVICES MENTAL	ICF SERVICES OTHER	HOME HEALTH SERVICES	NO SERVICES RECEIVED IN 1973
NUMBER OF 1974 MEDICAID ELIGIBLES RECEIVING SERVICES DURING 1973 [1]	53	249	1,092	96	599	1,110	113,249
UNITS OF SERVICE RECEIVED DURING 1973 BY 1974 MEDICAID ELIGIBLES	3,246	50,504	143,762	27,575	56,169	24,800	
MEDICAID EXPENDITURES IN 1973 FOR SERVICES RECEIVED BY 1974 MEDICAID ELIGIBLES	$79,386	$669,437	$2,826,663	$207,394	$418,423	$343,131	

1* AN INDIVIDUAL MAY APPEAR SEVERAL TIMES IN THIS ROW IF HE SEES MULTIPLE PROVIDERS.

FIGURE 10: UTILIZATION AND EXPENDITURES FOR MEDICAID SERVICES IN 1973 ON BEHALF OF SELECTED 1974 MEDICAID ELIGIBLES FOR KENTUCKY (MEDICALLY NEEDY)

UTILIZATION OF SERVICES IN 1973 BY 1974 ELIGIBLES	LONG TERM HOSPITALS OTHER	LONG TERM HOSPITALS MENTAL	SNF SERVICES	ICF SERVICES MENTAL	ICF SERVICES OTHER	HOME HEALTH SERVICES	NO SERVICES RECEIVED IN 1973
NUMBER OF 1974 MEDICAID ELIGIBLES RECEIVING SERVICES DURING 1973[1]	12	68	952	28	444	174	10,919
UNITS OF SERVICE RECEIVED DURING 1973 BY 1974 MEDICAID ELIGIBLES	723	15,123	173,515	7,625	51,985	4,102	
MEDICAID EXPENDITURES IN 1973 FOR SERVICES RECEIVED BY 1974 MEDICAID ELIGIBLES	$16,862	$164,168	$2,955,398	$53,769	$309,792	$54,731	

1* AN INDIVIDUAL MAY APPEAR SEVERAL TIMES IN THIS ROW IF HE SEES MULTIPLE PROVIDERS.

FIGURE 11: BASIS OF PROGRAM ELIGIBILITY FOR MEDICAID IN 1973 FOR SELECTED CATEGORIES OF THE 1974 MEDICAID ELIGIBLE POPULATION FOR KENTUCKY

BASIS OF ELIGIBILITY IN DECEMBER 1974	BASIS OF ELIGIBILITY IN DECEMBER 1973						
	CATEGORICALLY NEEDY			MEDICALLY NEEDY			NOT ELIGIBLE FOR OAA, AB, APTD PROGRAMS IN DEC 1973
	OAA	AB	APTD	OAA	AB	APTD	
CATEGORICALLY NEEDY							
OAA	55,486	2	10	-	4	67	9,598
AB	1	2,119	1	-	-	1	210
APTD	34	8	23,622	1	12	-	11,545
MEDICALLY NEEDY							
OAA	-	-	1	4,282	2	18	672
AB	-	-	1	-	67	-	6
APTD	-	-	-	-	2	1,527	697
NOT ELIGIBLE FOR OAA, AB, APTD PROGRAMS IN DEC 1974	10,603	339	4,011	5,676	54	1,843	-

FIGURE 12: LONG TERM CARE UTILIZATION AND EXPENDITURES UNDER MEDICAID ON BEHALF OF SELECTED ELIGIBLES BY QUARTER AND BY TYPE OF SERVICE FOR KENTUCKY DURING 1974 (CATEGORICALLY NEEDY)

MEDICAID UTILIZATION AND EXPENDITURES DURING 1974 FOR AGED, BLIND, AND DISABLED	LONG TERM HOSPITALS		SKILLED NURSING FACILITIES	INTERMEDIATE CARE FACILITIES		HOME HEALTH SERVICES
	OTHER	MENTAL		MENTAL	OTHER	
UTILIZATION OF SERVICES[1,2]						
JANUARY - MARCH	526	11,417	42,593	8,448	47,126	10,456
APRIL - JUNE	433	12,326	25,536	8,502	56,059	10,572
JULY - SEPTEMBER	358	8,612	-	8,592	61,449	10,461
OCTOBER - DECEMBER	108	4,778	-	5,371	23,619	3,480
MEDICAID EXPENDITURES[2]						
JANUARY - MARCH	$14,004	$152,298	$900,932	$126,162	$423,615	$133,415
APRIL - JUNE	$12,174	$161,639	$534,203	$129,545	$608,937	$138,458
JULY - SEPTEMBER	$9,854	$112,299	-	$133,477	$696,731	$143,023
OCTOBER - DECEMBER	$2,904	$62,349	-	$85,418	$278,167	$49,702

1* UTILIZATION IS EXPRESSED IN PATIENT-DAYS FOR HOSPITALS, SNF'S, AND ICF'S, AND IN VISITS FOR HOME HEALTH SERVICES.

2* INCLUDES SERVICES AND EXPENDITURES FOR IN-STATE PROVIDERS ONLY.

FIGURE 12: LONG TERM CARE UTILIZATION AND EXPENDITURES UNDER MEDICAID ON BEHALF OF SELECTED ELIGIBLES BY QUARTER AND BY TYPE OF SERVICE FOR KENTUCKY DURING 1974 (MEDICALLY NEEDY)

MEDICAID UTILIZATION AND EXPENDITURES DURING 1974 FOR AGED, BLIND, AND DISABLED	LONG TERM HOSPITALS		SKILLED NURSING FACILITIES	INTERMEDIATE CARE FACILITIES		HOME HEALTH SERVICES
	OTHER	MENTAL		MENTAL	OTHER	
UTILIZATION OF SERVICES[1,2]						
JANUARY - MARCH	231	3,342	33,716	2,657	22,531	1,530
APRIL - JUNE	-	1,810	10,776	2,492	15,137	1,305
JULY - SEPTEMBER	-	1,274	-	2,284	13,084	1,045
OCTOBER - DECEMBER	-	382	-	1,451	4,769	291
MEDICAID EXPENDITURES[2]						
JANUARY - MARCH	$5,672	$36,292	$637,827	$33,952	$171,115	$20,033
APRIL - JUNE	-	$19,077	$227,328	$32,884	$143,304	$17,479
JULY - SEPTEMBER	-	$13,618	-	$31,669	$123,847	$14,654
OCTOBER - DECEMBER	-	$4,294	-	$19,982	$44,720	$4,104

1* UTILIZATION IS EXPRESSED IN PATIENT-DAYS FOR HOSPITALS, SNF'S, AND ICF'S, AND IN VISITS FOR HOME HEALTH SERVICES.

2* INCLUDES SERVICES AND EXPENDITURES FOR IN-STATE PROVIDERS ONLY.

MEDICAID ELIGIBILITY, UTILIZATION AND EXPENDITURES IN MICHIGAN*

*Before utilizing the data in these tabulations, consult the Technical Notes beginning on p. A.376.

FIGURE 1: CHARACTERISTICS OF SELECTED MEDICAID ELIGIBLES BY BASIS OF PROGRAM ELIGIBILITY FOR MICHIGAN DURING 1973 (CATEGORICALLY NEEDY)

CHARACTERISTICS OF ELIGIBLE PERSONS	UNDUPLICATED TOTAL	BASIS OF PROGRAM ELIGIBILITY[1] OAA	AB	APTD
PROGRAM TOTALS	109,121	44,722	1,947	63,592
WHITE MALES	27,206	8,969	654	17,873
UNDER 22	1,350	1	101	1,249
22 - 64	16,112	3	470	15,649
OVER 64	9,744	8,965	83	975
WHITE FEMALES	43,079	20,583	554	22,355
UNDER 22	1,032	1	92	940
22 - 64	20,285	2	380	19,912
OVER 64	21,762	20,580	82	1,503
OTHER MALES	12,724	3,419	292	9,136
UNDER 22	381	-	32	349
22 - 64	8,413	9	207	8,202
OVER 64	3,930	3,410	53	585
OTHER FEMALES	23,344	10,346	375	12,904
UNDER 22	247	1	21	225
22 - 64	11,461	3	246	11,219
OVER 64	11,636	10,342	108	1,460

1* AN INDIVIDUAL MAY APPEAR IN MORE THAN ONE COLUMN IF HE CHANGED PROGRAMS DURING THE YEAR, BUT APPEARS ONLY ONCE IN THE TOTAL COLUMN.

FIGURE I: CHARACTERISTICS OF SELECTED MEDICAID ELIGIBLES BY BASIS OF PROGRAM ELIGIBILITY FOR MICHIGAN DURING 1974 (CATEGORICALLY NEEDY)

CHARACTERISTICS OF ELIGIBLE PERSONS	UNDUPLICATED TOTAL	BASIS OF PROGRAM ELIGIBILITY[1] OAA	AB	APTD
PROGRAM TOTALS	106,625	46,236	1,736	58,684
WHITE MALES	25,621	8,899	565	16,162
UNDER 22	2,101	1	97	2,003
22 - 64	14,041	56	401	13,586
OVER 64	9,479	8,842	67	573
WHITE FEMALES	42,826	21,340	494	21,004
UNDER 22	1,589	1	84	1,504
22 - 64	18,975	93	352	18,531
OVER 64	22,262	21,246	58	969
OTHER MALES	11,151	3,143	258	7,755
UNDER 22	492	-	30	462
22 - 64	7,105	28	181	6,897
OVER 64	3,554	3,115	47	396
OTHER FEMALES	22,138	10,045	337	11,762
UNDER 22	349	-	22	327
22 - 64	10,630	40	221	10,370
OVER 64	11,159	10,005	94	1,065

1* AN INDIVIDUAL MAY APPEAR IN MORE THAN ONE COLUMN IF HE CHANGED PROGRAMS DURING THE YEAR, BUT APPEARS ONLY ONCE IN THE TOTAL COLUMN.

FIGURE 1: CHARACTERISTICS OF SELECTED MEDICAID ELIGIBLES BY BASIS OF PROGRAM ELIGIBILITY FOR MICHIGAN DURING 1973 (MEDICALLY NEEDY)

CHARACTERISTICS OF ELIGIBLE PERSONS	UNDUPLICATED TOTAL	BASIS OF PROGRAM ELIGIBILITY[1] OAA	AB	APTD
PROGRAM TOTALS	72,493	54,794	276	17,894
WHITE MALES	20,541	14,415	96	6,221
UNDER 22	137	2	3	132
22 - 64	5,453	2	78	5,376
OVER 64	15,001	14,411	15	713
WHITE FEMALES	38,202	30,799	103	7,528
UNDER 22	98	6	7	85
22 - 64	6,481	2	70	6,410
OVER 64	31,623	30,791	26	1,033
OTHER MALES	4,957	3,011	36	1,949
UNDER 22	32	-	3	29
22 - 64	1,692	5	27	1,663
OVER 64	3,233	3,006	6	257
OTHER FEMALES	6,647	4,873	33	1,784
UNDER 22	18	-	1	17
22 - 64	1,449	7	14	1,430
OVER 64	5,180	4,866	18	337

1* AN INDIVIDUAL MAY APPEAR IN MORE THAN ONE COLUMN IF HE CHANGED PROGRAMS DURING THE YEAR, BUT APPEARS ONLY ONCE IN THE TOTAL COLUMN.

FIGURE 1: CHARACTERISTICS OF SELECTED MEDICAID ELIGIBLES BY BASIS OF PROGRAM ELIGIBILITY FOR MICHIGAN DURING 1974 (MEDICALLY NEEDY)

CHARACTERISTICS OF ELIGIBLE PERSONS	UNDUPLICATED TOTAL	BASIS OF PROGRAM ELIGIBILITY[1] OAA	AB	APTD
PROGRAM TOTALS	82,154	55,901	280	26,422
WHITE MALES	22,830	14,359	103	8,494
UNDER 22	362	-	7	355
22 - 64	7,916	164	86	7,714
OVER 64	14,552	14,195	10	425
WHITE FEMALES	41,487	31,323	87	10,287
UNDER 22	282	1	7	275
22 - 64	9,569	228	62	9,347
OVER 64	31,636	31,094	18	665
OTHER MALES	6,423	3,130	43	3,285
UNDER 22	93	-	3	90
22 - 64	3,086	44	33	3,012
OVER 64	3,244	3,082	7	183
OTHER FEMALES	8,607	5,169	36	3,453
UNDER 22	67	-	3	64
22 - 64	3,228	92	20	3,128
OVER 64	5,312	5,077	13	261

1* AN INDIVIDUAL MAY APPEAR IN MORE THAN ONE COLUMN IF HE CHANGED PROGRAMS DURING THE YEAR, BUT APPEARS ONLY ONCE IN THE TOTAL COLUMN.

FIGURE 2: PERCENT DISTRIBUTION OF SELECTED MEDICAID ELIGIBLES BY BASIS OF PROGRAM ELIGIBILITY FOR MICHIGAN DURING 1973 (CATEGORICALLY NEEDY)

CHARACTERISTICS OF ELIGIBLE PERSONS	UNDUPLICATED TOTAL	BASIS OF PROGRAM ELIGIBILITY[1] GAA	AB	APTD
PROGRAM TOTALS	100.0	100.0	100.0	100.0
WHITE MALES	24.9	20.0	33.5	28.1
UNDER 22	1.2	-	5.1	1.9
22 - 64	14.7	-	24.1	24.6
OVER 64	8.9	20.0	4.2	1.5
WHITE FEMALES	39.4	46.0	28.4	35.1
UNDER 22	.9	-	4.7	1.4
22 - 64	18.5	-	19.5	31.3
OVER 64	19.9	46.0	4.2	2.3
OTHER MALES	11.6	7.6	14.9	14.3
UNDER 22	.3	-	1.6	.5
22 - 64	7.7	-	10.6	12.8
OVER 64	3.6	7.6	2.7	.9
OTHER FEMALES	21.3	23.1	19.2	20.2
UNDER 22	.2	-	1.0	.3
22 - 64	10.5	-	12.6	17.6
OVER 64	10.6	23.1	5.5	2.2

1* AN INDIVIDUAL MAY APPEAR IN MORE THAN ONE COLUMN IF HE CHANGED PROGRAMS DURING THE YEAR, BUT APPEARS ONLY ONCE IN THE TOTAL COLUMN.

FIGURE 2: PERCENT DISTRIBUTION OF SELECTED MEDICAID ELIGIBLES BY BASIS OF PROGRAM ELIGIBILITY FOR MICHIGAN DURING 1974 (CATEGORICALLY NEEDY)

CHARACTERISTICS OF ELIGIBLE PERSONS	UNDUPLICATED TOTAL	BASIS OF PROGRAM ELIGIBILITY[1] OAA	AB	APTD
PROGRAM TOTALS	100.0	100.0	100.0	100.0
WHITE MALES	24.0	19.2	32.5	27.5
UNDER 22	1.9	-	5.5	3.4
22 - 64	13.1	.1	23.0	23.1
OVER 64	8.8	19.1	3.8	.9
WHITE FEMALES	40.1	46.1	28.4	35.7
UNDER 22	1.4	-	4.8	2.5
22 - 64	17.7	.2	20.2	31.5
OVER 64	20.8	45.9	3.3	1.6
OTHER MALES	10.4	6.7	14.8	13.2
UNDER 22	.4	-	1.7	.7
22 - 64	6.6	-	10.4	11.7
OVER 64	3.3	6.7	2.7	.6
OTHER FEMALES	20.7	21.7	19.4	20.0
UNDER 22	.3	-	1.2	.5
22 - 64	9.9	-	12.7	17.6
OVER 64	10.4	21.6	5.4	1.8

1* AN INDIVIDUAL MAY APPEAR IN MORE THAN ONE COLUMN IF HE CHANGED PROGRAMS DURING THE YEAR, BUT APPEARS ONLY ONCE IN THE TOTAL COLUMN.

FIGURE 2: PERCENT DISTRIBUTION OF SELECTED MEDICAID ELIGIBLES BY BASIS OF PROGRAM ELIGIBILITY FOR MICHIGAN DURING 1973 (MEDICALLY NEEDY)

CHARACTERISTICS OF ELIGIBLE PERSONS	UNDUPLICATED TOTAL	BASIS OF PROGRAM ELIGIBILITY[1] OAA	AB	ADC
PROGRAM TOTALS	100.0	100.0	100.0	100.0
WHITE MALES	28.4	26.3	34.7	34.7
UNDER 22	.1	-	1.0	.7
22 - 64	7.5	-	28.2	30.0
OVER 64	20.6	26.3	5.4	3.9
WHITE FEMALES	52.6	56.2	37.3	42.0
UNDER 22	.1	-	2.5	.4
22 - 64	8.9	-	25.3	35.8
OVER 64	43.6	56.1	9.4	5.7
OTHER MALES	6.8	5.4	13.0	10.8
UNDER 22	-	-	1.0	.1
22 - 64	2.3	-	9.7	9.2
OVER 64	4.4	5.4	2.1	1.4
OTHER FEMALES	9.1	8.8	11.9	9.9
UNDER 22	-	-	.3	-
22 - 64	1.9	-	5.0	7.9
OVER 64	7.1	8.8	6.5	1.8

1* AN INDIVIDUAL MAY APPEAR IN MORE THAN ONE COLUMN IF HE CHANGED PROGRAMS DURING THE YEAR, BUT APPEARS ONLY ONCE IN THE TOTAL COLUMN.

FIGURE 2: PERCENT DISTRIBUTION OF SELECTED MEDICAID ELIGIBLES BY BASIS OF PROGRAM ELIGIBILITY FOR MICHIGAN DURING 1974 (MEDICALLY NEEDY)

CHARACTERISTICS OF ELIGIBLE PERSONS	UNDUPLICATED TOTAL	BASIS OF PROGRAM ELIGIBILITY[1] OAA	AB	APTD
PROGRAM TOTALS	100.0	100.0	100.0	100.0
WHITE MALES	27.7	25.6	36.7	32.1
UNDER 22	.4	-	2.5	1.3
22 - 64	9.6	.2	30.7	29.1
OVER 64	17.7	25.3	3.5	1.6
WHITE FEMALES	50.4	56.0	31.0	38.9
UNDER 22	.3	-	2.5	1.0
22 - 64	11.6	.4	22.1	35.3
OVER 64	38.5	55.6	6.4	2.5
OTHER MALES	7.8	5.5	15.3	12.4
UNDER 22	.1	-	1.0	.3
22 - 64	3.7	-	11.7	11.3
OVER 64	3.9	5.5	2.5	.6
OTHER FEMALES	10.4	9.2	12.8	13.0
UNDER 22	-	-	1.0	.2
22 - 64	3.9	.1	7.1	11.8
OVER 64	6.4	9.0	4.6	.9

1* AN INDIVIDUAL MAY APPEAR IN MORE THAN ONE COLUMN IF HE CHANGED PROGRAMS DURING THE YEAR, BUT APPEARS ONLY ONCE IN THE TOTAL COLUMN.

FIGURE 3: PROFILES OF SELECTED MEDICAID ELIGIBLES AND TOTAL STATE POPULATION OF MICHIGAN DURING 1973 (CATEGORICALLY NEEDY)

CHARACTERISTICS ELIGIBLE PERSONS	ALL STATE RESIDENTS		MEDICAID ELIGIBLES (OAA, AB, APTD)		RECIPIENTS[1] NONINSTITUTIONALIZED		RECIPIENTS[1] INSTITUTIONALIZED	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
TOTALS	8,875,083	100.0	109,121	100.0	N/A	N/A	9,968	100.0
WHITE MALES	3,844,506	43.3	27,206	24.9	N/A	N/A	2,718	27.3
UNDER 22	1,695,243	19.1	1,350	1.2	N/A	N/A	87	.8
22 - 64	1,848,566	20.8	16,112	14.7	N/A	N/A	1,143	11.5
OVER 64	300,297	3.3	9,744	8.9	N/A	N/A	1,488	14.9
WHITE FEMALES	3,988,968	44.9	43,079	39.4	N/A	N/A	4,974	50.1
UNDER 22	1,665,981	18.7	1,032	.9	N/A	N/A	65	.6
22 - 64	1,929,176	21.7	20,285	18.5	N/A	N/A	1,340	13.4
OVER 64	393,811	4.4	21,762	19.9	N/A	N/A	3,569	35.9
OTHER MALES	504,142	5.6	12,724	11.6	N/A	N/A	695	7.0
UNDER 22	251,774	2.8	381	.3	N/A	N/A	24	.2
22 - 64	225,112	2.5	8,413	7.7	N/A	N/A	383	3.8
OVER 64	27,256	.3	3,930	3.6	N/A	N/A	288	2.9
OTHER FEMALES	537,467	6.0	23,344	21.3	N/A	N/A	1,236	12.4
UNDER 22	256,347	2.8	247	.2	N/A	N/A	21	.2
22 - 64	249,529	2.8	11,461	10.5	N/A	N/A	434	4.3
OVER 64	31,591	.3	11,636	10.6	N/A	N/A	781	7.8

1* INCLUDES RECIPIENTS OF SERVICES FROM IN-STATE PROVIDERS ONLY.

FIGURE 3: PROFILES OF SELECTED MEDICAID ELIGIBLES AND TOTAL STATE POPULATION OF MICHIGAN DURING 1974 (CATEGORICALLY NEEDY)

CHARACTERISTICS OF ELIGIBLE PERSONS	ALL STATE RESIDENTS		MEDICAID ELIGIBLES (OAA, AB, APTD)		RECIPIENTS NONINSTITUTIONALIZED[1]		RECIPIENTS INSTITUTIONALIZED[1]	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
TOTALS	8,875,083	100.0	106,625	100.0	N/A	N/A	10,569	100.0
WHITE MALES	3,844,506	43.3	25,621	24.0	N/A	N/A	3,051	28.8
UNDER 22	1,695,243	19.1	2,101	1.9	N/A	N/A	672	6.3
22 - 64	1,848,966	20.8	14,041	13.1	N/A	N/A	974	9.2
OVER 64	300,297	3.3	9,479	8.8	N/A	N/A	1,405	13.2
WHITE FEMALES	3,988,968	44.9	42,826	40.1	N/A	N/A	5,119	48.4
UNDER 22	1,665,981	18.7	1,589	1.4	N/A	N/A	483	4.5
22 - 64	1,929,176	21.7	18,975	17.7	N/A	N/A	1,259	11.9
OVER 64	393,811	4.4	22,262	20.8	N/A	N/A	3,377	31.9
OTHER MALES	504,142	5.6	11,151	10.4	N/A	N/A	722	6.8
UNDER 22	251,774	2.8	492	.4	N/A	N/A	118	1.1
22 - 64	225,112	2.5	7,105	6.6	N/A	N/A	326	3.0
OVER 64	27,256	.3	3,554	3.3	N/A	N/A	278	2.6
OTHER FEMALES	537,467	6.0	22,138	20.7	N/A	N/A	1,271	12.0
UNDER 22	256,347	2.8	349	.3	N/A	N/A	92	.8
22 - 64	249,529	2.8	10,630	9.9	N/A	N/A	389	3.6
OVER 64	31,591	.3	11,159	10.4	N/A	N/A	790	7.4

1* INCLUDES RECIPIENTS OF SERVICES FROM IN-STATE PROVIDERS ONLY.

FIGURE 3: PROFILES OF SELECTED MEDICAID ELIGIBLES AND TOTAL STATE POPULATION OF MICHIGAN DURING 1973 (MEDICALLY NEEDY)

CHARACTERISTICS OF ELIGIBLE PERSONS	ALL STATE RESIDENTS		MEDICAID ELIGIBLES (OAA, AB, APTD)		RECIPIENTS[1] NONINSTITUTIONALIZED		RECIPIENTS[1] INSTITUTIONALIZED	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
TOTALS	8,875,083	100.0	72,493	100.0	N/A	N/A	35,393	100.0
WHITE MALES	3,844,506	43.3	20,591	28.4	N/A	N/A	9,897	27.9
UNDER 22	1,695,243	19.1	137	.1	N/A	N/A	24	-
22 - 64	1,848,966	20.8	5,453	7.5	N/A	N/A	1,424	4.0
OVER 64	300,297	3.3	15,001	20.6	N/A	N/A	8,449	23.8
WHITE FEMALES	3,988,968	44.9	38,202	52.6	N/A	N/A	21,701	61.3
UNDER 22	1,665,981	18.7	98	.1	N/A	N/A	19	-
22 - 64	1,929,176	21.7	6,481	8.9	N/A	N/A	1,497	4.2
OVER 64	393,811	4.4	31,623	43.6	N/A	N/A	20,185	57.0
OTHER MALES	504,142	5.6	4,957	6.8	N/A	N/A	1,255	3.5
UNDER 22	251,774	2.8	32	-	N/A	N/A	9	-
22 - 64	225,112	2.5	1,692	2.3	N/A	N/A	268	.7
OVER 64	27,256	.3	3,233	4.4	N/A	N/A	978	2.7
OTHER FEMALES	537,467	6.0	6,647	9.1	N/A	N/A	1,589	4.4
UNDER 22	256,347	2.8	18	-	N/A	N/A	3	-
22 - 64	249,529	2.8	1,449	1.9	N/A	N/A	178	.5
OVER 64	31,591	.3	5,180	7.1	N/A	N/A	1,408	3.9

1* INCLUDES RECIPIENTS OF SERVICES FROM IN-STATE PROVIDERS ONLY.

FIGURE 3: PROFILES OF SELECTED MEDICAID ELIGIBLES AND TOTAL STATE POPULATION OF MICHIGAN DURING 1974 (MEDICALLY NEEDY)

CHARACTERISTICS OF ELIGIBLE PERSONS	ALL STATE RESIDENTS		MEDICAID ELIGIBLES (OAA, AB, APTD)		RECIPIENTS NONINSTITUTIONALIZED[1]		RECIPIENTS INSTITUTIONALIZED[1]	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
TOTALS	8,875,083	100.0	82,154	100.0	N/A	N/A	38,025	100.0
WHITE MALES	3,844,506	43.3	22,830	27.7	N/A	N/A	10,447	27.4
UNDER 22	1,695,243	19.1	362	.4	N/A	N/A	44	.1
22 - 64	1,848,966	20.8	7,916	9.6	N/A	N/A	1,689	4.4
OVER 64	300,297	3.3	14,552	17.7	N/A	N/A	8,714	22.9
WHITE FEMALES	3,988,968	44.9	41,487	50.4	N/A	N/A	23,241	61.1
UNDER 22	1,665,981	18.7	282	.3	N/A	N/A	40	.1
22 - 64	1,929,176	21.7	9,569	11.6	N/A	N/A	1,825	4.7
OVER 64	393,811	4.4	31,636	38.5	N/A	N/A	21,376	56.2
OTHER MALES	504,142	5.6	6,423	7.8	N/A	N/A	1,488	3.9
UNDER 22	251,774	2.8	93	.1	N/A	N/A	12	-
22 - 64	225,112	2.5	3,086	3.7	N/A	N/A	381	1.0
OVER 64	27,256	.3	3,244	3.9	N/A	N/A	1,095	2.8
OTHER FEMALES	537,467	6.0	8,607	10.4	N/A	N/A	1,698	4.4
UNDER 22	256,347	2.8	67	-	N/A	N/A	4	-
22 - 64	249,529	2.8	3,228	3.9	N/A	N/A	244	.6
OVER 64	31,591	.3	5,312	6.4	N/A	N/A	1,450	3.8

1* INCLUDES RECIPIENTS OF SERVICES FROM IN-STATE PROVIDERS ONLY.

FIGURE 4: UTILIZATION OF LONG-TERM CARE SERVICES BY OWNERSHIP OF PROVIDER FOR MICHIGAN DURING 1973 (CATEGORICALLY NEEDY)

OWNERSHIP OF AGENCY OR INSTITUTION	LONG TERM HOSPITALS[1]		SNFS[1]	ICF SERVICES[1]		HOME HEALTH PROVIDERS[1]
	OTHER	MENTAL		MENTAL	OTHER	
TOTAL UTILIZATION	51,607	81,847	772,340	143,762	944,745	-
PUBLIC	29,879	81,327	175,665	98,952	12,617	-
VOLUNTARY	12,103	-	22,504	-	36,114	-
PROPRIETARY	-	-	563,107	40,810	665,552	-

1* INCLUDES IN-STATE MEDICAID-CERTIFIED PROVIDERS ONLY.

2* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS. INCLUDES UTILIZATION BY OAA, AB, AND APTD RECIPIENTS.

FIGURE 4: UTILIZATION OF LONG-TERM CARE SERVICES BY OWNERSHIP OF PROVIDER FOR MICHIGAN DURING 1974 (CATEGORICALLY NEEDY)

OWNERSHIP OF AGENCY OR INSTITUTION	LONG TERM HOSPITALS[1] OTHER	LONG TERM HOSPITALS[1] MENTAL	SNFS[1]	ICF SERVICES[1] MENTAL	ICF SERVICES[1] OTHER	HOME HEALTH PROVIDERS[1]
TOTAL UTILIZATION[2]	92,920	67,202	783,794	160,342	972,173	-
PUBLIC	27,101	67,110	192,974	65,333	43,066	-
VOLUNTARY	10,710	-	20,784	-	26,478	-
PROPRIETARY	-	-	530,656	91,915	683,204	-

1* INCLUDES IN-STATE MEDICAID-CERTIFIED PROVIDERS ONLY.

2* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS. INCLUDES UTILIZATION BY OAA, AB, AND APTD RECIPIENTS.

FIGURE 4: UTILIZATION OF LONG-TERM CARE SERVICES BY OWNERSHIP OF PROVIDER FOR MICHIGAN 1973 (MEDICALLY NEEDY)

OWNERSHIP OF AGENCY OR INSTITUTION	LONG TERM HOSPITALS[1] OTHER	LONG TERM HOSPITALS[1] MENTAL	SNFS[1]	ICF SERVICES[1] MENTAL	ICF SERVICES[1] OTHER	HOME HEALTH PROVIDERS[1]
TOTAL UTILIZATION[2]	342,189	142,231	4,069,431	84,920	3,451,592	-
PUBLIC	174,258	142,181	874,970	58,000	104,920	-
VOLUNTARY	89,878	-	268,306	-	310,499	-
PROPRIETARY	-	-	2,831,743	26,920	2,402,287	-

1* INCLUDES IN-STATE MEDICAID-CERTIFIED PROVIDERS ONLY.

2* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS. INCLUDES UTILIZATION BY OAA, AB, AND APTD RECIPIENTS.

FIGURE 4: UTILIZATION OF LONG-TERM CARE SERVICES BY OWNERSHIP OF PROVIDER FOR MICHIGAN 1974 (MEDICALLY NEEDY)

OWNERSHIP OF AGENCY OR INSTITUTION	LONG TERM HOSPITALS[1] OTHER	LONG TERM HOSPITALS[1] MENTAL	SNFS[1]	ICF SERVICES[1] MENTAL	ICF SERVICES[1] OTHER	HOME HEALTH[1] PROVIDERS
TOTAL UTILIZATION[2]	340,499	133,136	4,107,898	86,508	3,790,882	-
PUBLIC	173,253	128,026	640,254	31,804	351,563	-
VOLUNTARY	84,240	-	278,055	-	292,749	-
PROPRIETARY	-	-	3,038,805	54,704	2,507,119	-

1* INCLUDES IN-STATE MEDICAID-CERTIFIED PROVIDERS ONLY.

2* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS. INCLUDES UTILIZATION BY OAA, AB, AND APTD RECIPIENTS.

FIGURE 5: UTILIZATION OF SERVICES AND REIMBURSMENT UNDER MEDICAID BY SELECTED BASES OF PROGRAM ELIGIBILITY FOR MICHIGAN DURING 1973 (CATEGORICALLY NEEDY)

BASIS OF PROGRAM ELIGIBILITY	LONG TERM HOSPITALS OTHER	LONG TERM HOSPITALS MENTAL	SNF SERVICES	ICF SERVICES MENTAL	ICF SERVICES OTHER	HOME HEALTH SERVICES
TOTAL NUMBER OF MEDICAID RECIPIENTS 1	414	474	5,241	552	4,952	-
OAA	260	440	3,090	32	3,084	-
AB	4	-	53	4	46	-
APTD	150	34	2,098	516	1,822	-
TOTAL UNITS OF SERVICE	51,099	81,030	770,194	137,646	942,695	-
OAA	33,934	79,598	414,009	6,946	563,827	-
AB	481	-	9,220	670	8,568	-
APTD	16,684	1,432	346,965	130,030	370,300	-
TOTAL MEDICAID EXPENDITURES	$1,298,632	$2,789,699	$17,077,645	$3,545,943	$15,395,062	-
OAA	$833,347	$2,677,982	$8,878,562	$182,319	$9,138,612	-
AB	$13,186	-	$209,586	$20,485	$139,146	-
APTD	$452,098	$111,716	$7,989,496	$3,343,139	$6,117,302	-
MEAN LENGTH OF STAY	123.4	170.6	146.9	249.3	190.3	-
OAA	130.5	180.9	133.9	217.0	182.8	-
AB	120.2	-	173.9	167.5	186.2	-
APTD	111.2	42.1	165.3	251.9	203.2	-

1* AN INDIVIDUAL MAY APPEAR SEVERAL TIMES IN A ROW (HE SEES MULTIPLE PROVIDERS), AND MAY APPEAR MORE THAN ONCE IN EACH COLUMN IF HE CHANGED PROGRAMS DURING THE YEAR.

FIGURE 5: UTILIZATION OF SERVICES AND REIMBURSMENT UNDER MEDICAID BY SELECTED BASES OF PROGRAM ELIGIBILITY FOR MICHIGAN DURING 1974 (CATEGORICALLY NEEDY)

BASIS OF PROGRAM ELIGIBILITY	LONG TERM HOSPITALS OTHER	LONG TERM HOSPITALS MENTAL	SNF SERVICES	ICF SERVICES MENTAL	ICF SERVICES OTHER	HOME HEALTH SERVICES
TOTAL NUMBER OF MEDICAID RECIPIENTS [1]	1,249	361	5,217	772	4,711	-
OAA	269	305	3,015	27	3,021	-
AB	7	2	47	5	45	-
APTD	973	54	2,155	740	1,645	-
TOTAL UNITS OF SERVICE	91,849	67,202	782,922	155,277	972,051	-
OAA	35,625	62,137	413,737	7,742	591,070	-
AB	742	20	8,259	1,023	8,458	-
APTD	55,482	5,045	360,926	146,512	372,523	-
TOTAL MEDICAID EXPENDITURES	$2,413,425	$2,214,787	$18,969,809	$4,438,191	$17,869,663	-
OAA	$958,964	$1,739,357	$9,478,716	$222,738	$10,812,203	-
AB	$25,220	$2,641	$207,695	$33,336	$153,177	-
APTD	$1,429,240	$472,789	$9,283,398	$4,182,117	$6,904,282	-
MEAN LENGTH OF STAY	73.5	186.1	150.0	200.6	206.3	-
OAA	132.4	203.7	137.2	275.6	195.6	-
AB	106.0	10.0	175.7	204.6	187.9	-
APTD	57.0	93.4	167.4	197.9	226.4	-

1* AN INDIVIDUAL MAY APPEAR SEVERAL TIMES IN A ROW (HE SEES MULTIPLE PROVIDERS), AND MAY APPEAR MORE THAN ONCE IN EACH COLUMN IF HE CHANGED PROGRAMS DURING THE YEAR.

FIGURE 5: UTILIZATION OF SERVICES AND REIMBURSMENT UNDER MEDICAID BY SELECTED BASES OF PROGRAM ELIGIBILITY FOR MICHIGAN DURING 1973 (MEDICALLY NEEDY)

BASIS OF PROGRAM ELIGIBILITY	LONG TERM HOSPITALS OTHER	LONG TERM HOSPITALS MENTAL	SNF SERVICES	ICF SERVICES MENTAL	ICF SERVICES OTHER	HOME HEALTH SERVICES
TOTAL NUMBER OF MEDICAID RECIPIENTS 1	1,826	837	22,305	365	17,470	-
OAA	1,577	835	19,722	23	15,720	-
AB	3	-	32	1	28	-
APTD	246	2	2,551	341	1,722	-
TOTAL UNITS OF SERVICE	339,145	141,983	4,064,151	84,763	3,445,616	-
OAA	297,249	141,953	3,607,032	5,128	3,110,088	-
AB	441	-	4,680	210	6,899	-
APTD	41,455	30	452,439	79,425	328,629	-
TOTAL MEDICAID EXPENDITURES	$7,060,869	$4,264,541	$72,720,115	$1,994,381	$45,239,794	-
OAA	$6,158,660	$4,262,712	$64,192,040	$122,571	$40,729,690	-
AB	$12,008	-	$92,075	$4,081	$86,874	-
APTD	$890,200	$1,829	$8,435,999	$1,867,728	$4,423,229	-
MEAN LENGTH OF STAY	185.7	169.0	182.2	232.2	197.2	-
OAA	188.4	169.4	182.8	222.9	197.8	-
AB	147.0	-	146.2	210.0	246.3	-
APTD	168.5	15.0	177.3	232.9	190.8	-

1* AN INDIVIDUAL MAY APPEAR SEVERAL TIMES IN A ROW (HE SEES MULTIPLE PROVIDERS), AND MAY APPEAR MORE THAN ONCE IN EACH COLUMN IF HE CHANGED PROGRAMS DURING THE YEAR.

FIGURE 5: UTILIZATION OF SERVICES AND REIMBURSMENT UNDER MEDICAID BY SELECTED BASES OF PROGRAM ELIGIBILITY FOR MICHIGAN DURING 1974 (MEDICALLY NEEDY)

BASIS OF PROGRAM ELIGIBILITY	LONG TERM HOSPITALS OTHER	LONG TERM HOSPITALS MENTAL	SNF SERVICES	ICF SERVICES MENTAL	ICF SERVICES OTHER	HOME HEALTH SERVICES
TOTAL NUMBER OF MEDICAID RECIPIENTS 1	1,959	619	23,422	430	19,265	-
OAA	1,692	613	20,481	26	17,225	-
AB	3	-	27	1	26	-
APTD	264	6	2,914	403	2,014	-
TOTAL UNITS OF SERVICE	338,888	124,711	4,106,023	86,158	3,790,651	-
OAA	294,532	124,451	3,602,163	5,378	3,382,438	-
AB	671	-	4,453	321	6,322	-
APTD	43,685	260	499,407	80,459	401,891	-
TOTAL MEDICAID EXPENDITURES	$8,027,739	$3,171,464	$77,557,766	$2,271,784	$57,835,627	-
OAA	$6,924,295	$3,156,539	$67,240,073	$149,570	$51,416,969	-
AB	$19,871	-	$92,822	$7,638	$92,680	-
APTD	$1,083,572	$14,925	$10,224,871	$2,114,575	$6,325,977	-
MEAN LENGTH OF STAY	172.9	198.3	175.3	200.3	196.7	-
OAA	174.0	199.8	175.8	206.8	196.3	-
AB	223.6	-	164.9	321.0	243.1	-
APTD	165.4	43.3	171.3	199.6	199.5	-

1* AN INDIVIDUAL MAY APPEAR SEVERAL TIMES IN A ROW (HE SEES MULTIPLE PROVIDERS), AND MAY APPEAR MORE THAN ONCE IN EACH COLUMN IF HE CHANGED PROGRAMS DURING THE YEAR.

FIGURE 6: UNITS OF LONG-TERM CARE SERVICES FOR SELECTED MEDICAID ELIGIBLES BY PROVIDER TYPE FOR MICHIGAN DURING 1973 (CATEGORICALLY NEEDY)[1]

PROVIDER AND OWNERSHIP	BASIS OF PROGRAM ELIGIBILITY OAA	AB	APTD
PUBLIC:			
LONG TERM HOSPITALS	97,558	190	11,239
MENTAL	79,098	-	1,102
OTHER	18,460	190	10,137
ALL ICFS	11,811	490	98,162
MENTAL	4,176	460	93,430
OTHER	7,635	30	4,732
SNFS	70,478	2,979	101,137
HOME HEALTH PROVIDERS	-	-	-
VOLUNTARY:			
LONG TERM HOSPITALS	10,487	-	1,564
MENTAL	-	-	-
OTHER	10,487	-	1,564
ALL ICFS	20,875	310	14,090
MENTAL	-	-	-
OTHER	20,875	310	14,090
SNFS	17,778	-	4,212
HOME HEALTH PROVIDERS	-	-	-
PROPRIETARY:			
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	393,235	6,100	301,659
MENTAL	2,860	210	36,770
OTHER	390,375	5,890	264,889
SNFS	321,039	5,770	235,698
HOME HEALTH PROVIDERS	-	-	-
OUT-OF-STATE[2]	-	-	-

1* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS, AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS.

2* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 6: UNITS OF LONG-TERM CARE SERVICES FOR SELECTED MEDICAID ELIGIBLES BY PROVIDER TYPE FOR MICHIGAN DURING 1974 (CATEGORICALLY NEEDY)[1]

PROVIDER AND OWNERSHIP	BASIS OF PROGRAM ELIGIBILITY		
	OAA	AB	APTD
PUBLIC:			
LONG TERM HOSPITALS	78,000	431	12,972
MENTAL	60,212	10	4,963
OTHER	17,788	421	8,009
ALL ICFS	29,654	913	73,567
MENTAL	2,287	592	60,653
OTHER	27,367	321	12,914
SNFS	55,509	2,207	134,119
HOME HEALTH PROVIDERS	-	-	-
VOLUNTARY:			
LONG TERM HOSPITALS	9,096	-	1,073
MENTAL	-	-	-
OTHER	9,096	-	1,073
ALL ICFS	17,099	1	7,887
MENTAL	-	-	-
OTHER	17,099	1	7,887
SNFS	16,524	-	3,623
HOME HEALTH PROVIDERS	-	-	-
PROPRIETARY:			
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	410,038	5,468	358,776
MENTAL	5,455	431	85,859
OTHER	404,583	5,037	272,917
SNFS	309,860	5,890	210,452
HOME HEALTH PROVIDERS	-	-	-
OUT-OF-STATE[2]	-	-	-

1* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS, AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS.

2* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 6: UNITS OF LONG-TERM CARE SERVICES FOR SELECTED MEDICAID ELIGIBLES BY PROVIDER TYPE FOR MICHIGAN DURING 1973 (MEDICALLY NEEDY)[1]

PROVIDER AND OWNERSHIP	BASIS OF PROGRAM ELIGIBILITY OAA	AB	APTD
PUBLIC:			
LONG TERM HOSPITALS	291,585	60	23,067
MENTAL	141,953	-	30
OTHER	149,632	60	23,037
ALL ICFS	98,722	-	62,958
MENTAL	2,568	-	55,045
OTHER	96,154	-	7,913
SNFS	756,915	1,486	111,696
HOME HEALTH PROVIDERS	-	-	-
VOLUNTARY:			
LONG TERM HOSPITALS	83,350	-	6,205
MENTAL	-	-	-
OTHER	83,350	-	6,205
ALL ICFS	297,756	321	11,590
MENTAL	-	-	-
OTHER	297,756	321	11,590
SNFS	255,944	-	11,683
HOME HEALTH PROVIDERS	-	-	-
PROPRIETARY:			
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	2,133,852	4,350	279,656
MENTAL	2,470	210	24,210
OTHER	2,131,382	4,140	255,446
SNFS	2,496,330	2,953	318,013
HOME HEALTH PROVIDERS	-	-	-
OUT-OF-STATE[2]	-	-	-

1* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS, AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS.

2* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 6: UNITS OF LONG-TERM CARE SERVICES FOR SELECTED MEDICAID ELIGIBLES BY PROVIDER TYPE FOR MICHIGAN DURING 1974 (MEDICALLY NEEDY)[1]

PROVIDER AND OWNERSHIP	BASIS OF PROGRAM ELIGIBILITY OAA	AB	APTD
PUBLIC:			
LONG TERM HOSPITALS	275,306	331	23,070
MENTAL	124,451	-	150
OTHER	150,855	331	22,920
ALL ICFS	330,178	321	54,922
MENTAL	1,727	-	29,677
OTHER	328,451	321	25,245
SNFS	519,490	1,454	119,638
HOME HEALTH PROVIDERS	-	-	-
VOLUNTARY:			
LONG TERM HOSPITALS	78,065	-	6,706
MENTAL	-	-	-
OTHER	78,065	-	6,706
ALL ICFS	283,786	321	8,133
MENTAL	-	-	-
OTHER	283,786	321	8,133
SNFS	268,344	120	10,228
HOME HEALTH PROVIDERS	-	-	-
PROPRIETARY:			
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	2,198,108	4,204	359,525
MENTAL	3,351	321	50,722
OTHER	2,194,757	3,883	308,803
SNFS	2,685,774	2,829	352,720
HOME HEALTH PROVIDERS	-	-	-
OUT-OF-STATE[2]	-	-	-

1* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS, AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS.

2* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 7: MEDICAID EXPENDITURES FOR LONG-TERM CARE SERVICES BY PROVIDER TYPE FOR SELECTED MEDICAID ELIGIBLES FOR MICHIGAN DURING 1973 (CATEGORICALLY NEEDY)

PROVIDER AND OWNERSHIP	BASIS OF PROGRAM ELIGIBILITY		
	OAA	AB	APTD
PUBLIC:	$5,145,123	$99,168	$5,884,089
LONG TERM HOSPITALS	$3,111,106	$4,543	$349,414
MENTAL	$2,665,188	-	$84,416
OTHER	$445,918	$4,543	$264,997
ALL ICFS	$299,637	$17,004	$2,714,418
MENTAL	$126,956	$16,329	$2,606,425
OTHER	$172,680	$674	$107,993
SNFS	$1,734,379	$77,620	$2,820,256
HOME HEALTH PROVIDERS	-	-	-
VOLUNTARY:	$482,156	$4,835	$366,479
LONG TERM HOSPITALS	$246,916	-	$37,047
MENTAL	-	-	-
OTHER	$246,916	-	$37,047
ALL ICFS	$373,635	$4,835	$243,986
MENTAL	-	-	-
OTHER	$373,635	$4,835	$243,986
SNFS	$361,604	-	$85,445
HOME HEALTH PROVIDERS	-	-	-
PROPRIETARY:	$13,672,207	$232,839	$10,401,557
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	$7,004,475	$110,801	$5,448,820
MENTAL	$57,916	$4,155	$740,788
OTHER	$6,946,559	$106,645	$4,708,032
SNFS	$6,667,732	$122,038	$4,952,736
HOME HEALTH PROVIDERS	-	-	-
OUT-OF-STATE[1]	-	-	-

1* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 7: MEDICAID EXPENDITURES FOR LONG-TERM CARE SERVICES BY PROVIDER TYPE FOR SELECTED MEDICAID ELIGIBLES FOR MICHIGAN DURING 1974 (CATEGORICALLY NEEDY)

PROVIDER AND OWNERSHIP	BASIS OF PROGRAM ELIGIBILITY OAA	AB	APTD
PUBLIC:	$4,492,106	$117,096	$7,332,547
LONG TERM HOSPITALS	$2,160,122	$15,819	$702,317
MENTAL	$1,695,535	$1,398	$459,466
OTHER	$464,586	$14,421	$242,851
ALL ICFS	$821,878	$31,556	$2,505,011
MENTAL	$93,136	$23,020	$2,151,696
OTHER	$728,741	$8,536	$353,314
SNFS	$1,510,105	$69,720	$4,125,218
HOME HEALTH PROVIDERS	-	-	-
VOLUNTARY:	$929,836	$454	$267,784
LONG TERM HOSPITALS	$228,717	-	$30,265
MENTAL	-	-	-
OTHER	$228,717	-	$30,265
ALL ICFS	$342,522	$454	$156,997
MENTAL	-	-	-
OTHER	$342,522	$454	$156,997
SNFS	$358,596	-	$80,521
HOME HEALTH PROVIDERS	-	-	-
PROPRIETARY:	$15,099,414	$246,700	$12,238,809
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER		-	-
ALL ICFS	$8,146,970	$113,408	$7,440,599
MENTAL	$129,602	$10,316	$2,030,421
OTHER	$8,017,368	$103,092	$5,410,177
SNFS	$6,952,443	$133,292	$4,798,209
HOME HEALTH PROVIDERS	-	-	-
OUT-OF-STATE[1]	-	-	-

1* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 7: MEDICAID EXPENDITURES FOR LONG-TERM CARE SERVICES BY PROVIDER TYPE FOR SELECTED MEDICAID ELIGIBLES FOR MICHIGAN DURING 1973 (MEDICALLY NEEDY)

PROVIDER AND OWNERSHIP	BASIS OF PROGRAM ELIGIBILITY OAA	AB	APTD
PUBLIC:	$25,029,580	$32,165	$4,566,085
LONG TERM HOSPITALS	$7,285,576	$1,167	$472,156
MENTAL	$4,262,712	-	$1,829
OTHER	$3,022,863	$1,167	$470,326
ALL ICFS	$1,930,300	-	$1,591,389
MENTAL	$73,554	-	$1,439,630
OTHER	$1,856,745	-	$151,759
SNFS	$15,813,703	$30,998	$2,502,539
HOME HEALTH PROVIDERS	-	-	-
VOLUNTARY:	$9,929,724	$5,475	$452,395
LONG TERM HOSPITALS	$1,634,851	-	$122,640
MENTAL	-	-	-
OTHER	$1,634,851	-	$122,640
ALL ICFS	$4,111,295	$5,475	$146,221
MENTAL	-	-	-
OTHER	$4,111,295	$5,475	$146,221
SNFS	$4,183,577	-	$183,533
HOME HEALTH PROVIDERS	-	-	-
PROPRIETARY:	$72,557,771	$121,185	$9,642,519
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	$30,021,587	$65,247	$4,084,117
MENTAL	$46,463	$4,081	$424,023
OTHER	$29,975,124	$61,165	$3,660,093
SNFS	$42,536,184	$55,938	$5,558,402
HOME HEALTH PROVIDERS	-	-	-
OUT-OF-STATE[1]	-	-	-

1* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 7: MEDICAID EXPENDITURES FOR LONG-TERM CARE SERVICES BY PROVIDER TYPE FOR SELECTED MEDICAID ELIGIBLES FOR MICHIGAN DURING 1974 (MEDICALLY NEEDY)

PROVIDER AND OWNERSHIP	BASIS OF PROGRAM ELIGIBILITY OAA	AB	APTD
PUBLIC:	$26,065,035	$52,800	$5,251,524
LONG TERM HOSPITALS	$6,578,635	$9,263	$547,905
MENTAL	$3,156,534	-	$6,509
OTHER	$3,422,095	$9,263	$541,396
ALL ICFS	$7,423,335	$6,564	$1,618,337
MENTAL	$63,864	-	$1,031,433
OTHER	$7,359,471	$6,564	$586,904
SNFS	$12,063,064	$36,972	$3,085,281
HOME HEALTH PROVIDERS	-	-	-
VOLUNTARY:	$10,636,991	$8,237	$434,318
LONG TERM HOSPITALS	$1,657,841	-	$143,797
MENTAL	-	-	-
OTHER	$1,657,841	-	$143,797
ALL ICFS	$4,407,015	$5,940	$128,612
MENTAL	-	-	-
OTHER	$4,407,015	$5,940	$128,612
SNFS	$4,572,134	$2,296	$161,908
HOME HEALTH PROVIDERS	-	-	-
PROPRIETARY:	$83,292,490	$127,221	$12,811,183
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	$34,983,591	$74,978	$6,173,858
MENTAL	$76,409	$7,638	$1,089,332
OTHER	$34,907,181	$67,340	$5,084,526
SNFS	$48,308,898	$52,242	$6,637,325
HOME HEALTH PROVIDERS	-	-	-
OUT-OF-STATE[1]	-	-	-

1* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 8: UNITS OF LONG TERM CARE SERVICES FOR SELECTED MEDICAID ELIGIBLES BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR MICHIGAN DURING 1973 (CATEGORICALLY NEEDY)[1]

PROVIDER AND OWNERSHIP	WHITE MALES			WHITE FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:						
LONG TERM HOSPITALS	161	2,326	40,940	50	5,305	44,988
MENTAL	161	300	36,310	50	-	34,728
OTHER	-	2,026	4,630	-	5,305	10,260
ALL ICFS	3,554	35,640	3,058	3,623	37,312	9,485
MENTAL	3,554	34,749	1,186	3,623	34,341	3,552
OTHER	-	891	1,872	-	2,971	5,933
SNFS	8,584	33,872	19,322	5,032	39,038	49,776
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:						
LONG TERM HOSPITALS	-	240	1,693	-	742	8,344
MENTAL	-	-	-	-	-	-
OTHER	-	240	1,693	-	742	8,344
ALL ICFS	-	3,923	3,090	-	4,163	16,930
MENTAL	-	-	-	-	-	-
OTHER	-	3,923	3,090	-	4,163	16,930
SNFS	-	1,092	1,725	-	2,076	15,463
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	2,740	85,696	105,091	2,332	107,431	243,694
MENTAL	2,740	14,420	640	2,030	13,070	2,150
OTHER	-	71,276	104,451	302	94,361	241,544
SNFS	2,048	58,256	63,886	3,909	78,378	208,991
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[2]	-	-	-	-	-	-

1* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS, AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS.

2* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

CONT. FIGURE A: UNITS OF LONG TERM CARE SERVICES FOR SELECTED MEDICAID ELIGIBLES BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR MICHIGAN DURING 1973 (CATEGORICALLY NEEDY)[1]

PROVIDER AND OWNERSHIP	OTHER MALES			OTHER FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:						
LONG TERM HOSPITALS	361	792	3,440	50	1,473	4,081
MENTAL	361	-	2,297	50	-	2,266
OTHER	-	792	1,143	-	1,473	1,815
ALL ICFS	1,585	6,574	50	2,157	6,203	481
MENTAL	1,585	6,534	-	2,157	6,203	261
OTHER	-	40	50	-	-	220
SNFS	2,425	4,387	671	323	3,533	3,530
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:						
LONG TERM HOSPITALS	-	281	80	-	50	30
MENTAL	-	-	-	-	-	-
OTHER	-	281	80	-	50	30
ALL ICFS	-	2,438	171	-	1,655	2,522
MENTAL	-	-	-	-	-	-
OTHER	-	2,438	171	-	1,655	2,522
SNFS	-	60	360	-	51	1,083
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	312	24,949	19,357	700	32,390	57,840
MENTAL	120	1,970	-	370	1,790	40
OTHER	192	22,979	19,357	330	30,600	57,800
SNFS	912	28,139	11,989	523	38,014	51,447
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[2]	-	-	-	-	-	-

1* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS, AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS.

2* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 8: UNITS OF LONG TERM CARE SERVICES FOR SELECTED MEDICAID ELIGIBLES BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR MICHIGAN DURING 1974 (CATEGORICALLY NEEDY)[1]

PROVIDER AND OWNERSHIP	WHITE MALES			WHITE FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:						
LONG TERM HOSPITALS	2,380	2,810	29,989	1,360	5,506	37,954
MENTAL	2,310	702	26,371	1,360	960	27,392
OTHER	70	2,108	3,618	-	4,546	10,562
ALL ICFS	7,025	19,915	5,558	6,603	27,393	24,250
MENTAL	7,025	17,999	682	6,372	18,754	1,907
OTHER	-	1,916	4,876	231	8,639	22,343
SNFS	20,998	37,301	14,650	17,441	42,294	37,804
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:						
LONG TERM HOSPITALS	-	200	1,996	-	543	6,749
MENTAL	-	-	-	-	-	-
OTHER	-	200	1,996	-	543	6,749
ALL ICFS	-	2,583	2,127	-	3,601	14,893
MENTAL	-	-	-	-	-	-
OTHER	-	2,583	2,127	-	3,601	14,893
SNFS	-	513	1,315	-	2,036	13,656
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	12,384	97,389	112,476	9,713	122,223	239,499
MENTAL	12,374	25,003	1,063	9,442	24,444	3,521
OTHER	10	72,386	111,413	271	97,779	235,978
SNFS	3,684	52,356	56,287	6,092	72,171	199,821
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[2]	-	-	-	-	-	-

1* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS, AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS.

2* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

CONT. FIGURE 8: UNITS OF LONG TERM CARE SERVICES FOR SELECTED MEDICAID ELIGIBLES BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR MICHIGAN DURING 1974 (CATEGORICALLY NEEDY)[1]

PROVIDER AND OWNERSHIP	OTHER MALES			OTHER FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:						
LONG TERM HOSPITALS	421	422	2,029	60	1,033	4,121
MENTAL	401	-	1,187	60	90	1,816
OTHER	20	422	842	-	943	2,305
ALL ICFS	1,095	4,217	190	1,986	3,655	281
MENTAL	1,095	4,027	-	1,986	3,094	-
OTHER	-	190	190	-	561	281
SNFS	3,808	4,056	480	1,552	4,694	3,020
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:						
LONG TERM HOSPITALS	-	300	-	-	-	10
MENTAL	-	-	-	-	-	-
OTHER	-	300	-	-	-	10
ALL ICFS	-	56	350	-	304	782
MENTAL	-	-	-	-	-	-
OTHER	-	56	350	-	304	782
SNFS	-	260	152	-	281	1,494
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	2,991	28,629	18,837	3,514	38,139	61,436
MENTAL	2,671	4,031	-	2,872	4,151	580
OTHER	320	24,598	18,837	642	33,988	60,856
SNFS	642	19,901	11,608	581	33,142	47,765
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[2]	-	-	-	-	-	-

1* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS, AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS.

2* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 8: UNITS OF LONG TERM CARE SERVICES FOR SELECTED MEDICAID ELIGIBLES BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR MICHIGAN DURING 1973 (MEDICALLY NEEDY)[1]

PROVIDER AND OWNERSHIP	WHITE MALES			WHITE FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:						
LONG TERM HOSPITALS	110	10,437	108,623	60	8,568	164,586
MENTAL	30	-	58,179	-	-	72,138
OTHER	80	10,437	50,444	60	8,568	92,448
ALL ICFS	2,075	21,693	25,571	1,231	31,601	72,464
MENTAL	2,075	18,521	1,063	1,231	27,510	2,678
OTHER	-	3,172	24,508	-	4,091	69,786
SNFS	1,321	46,745	201,019	711	52,064	534,805
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:						
LONG TERM HOSPITALS	-	491	19,645	-	4,102	62,371
MENTAL	-	-	-	-	-	-
OTHER	-	491	19,645	-	4,102	62,371
ALL ICFS	-	2,121	50,744	-	3,940	229,963
MENTAL	-	-	-	-	-	-
OTHER	-	2,121	50,744	-	3,940	229,963
SNFS	-	3,968	43,971	-	4,173	203,290
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	311	94,591	562,763	142	97,485	1,405,009
MENTAL	280	8,710	930	-	13,990	2,080
OTHER	31	85,881	561,833	142	83,495	1,402,929
SNFS	522	104,009	616,192	1,543	116,174	1,721,818
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[2]	-	-	-	-	-	-

1* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS, AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS.

2* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

CONT. FIGURE 8: UNITS OF LONG TERM CARE SERVICES FOR SELECTED MEDICAID ELIGIBLES BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR MICHIGAN DURING 1973 (MEDICALLY NEEDY)[1]

PROVIDER AND OWNERSHIP	OTHER MALES UNDER 22	OTHER MALES 22-64	OTHER MALES OVER 64	OTHER FEMALES UNDER 22	OTHER FEMALES 22-64	OTHER FEMALES OVER 64
PUBLIC:						
LONG TERM HOSPITALS	-	932	7,576	-	603	8,636
MENTAL	-	-	4,163	-	-	3,974
OTHER	-	932	3,413	-	603	4,662
ALL ICFS	321	1,855	620	582	1,545	1,010
MENTAL	321	1,805	-	582	1,515	-
OTHER	-	50	620	-	30	1,010
SNFS	751	983	7,935	-	1,998	11,282
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:						
LONG TERM HOSPITALS	-	-	491	-	590	1,334
MENTAL	-	-	-	-	-	-
OTHER	-	-	491	-	590	1,334
ALL ICFS	-	1,294	7,257	-	151	11,358
MENTAL	-	-	-	-	-	-
OTHER	-	1,294	7,257	-	151	11,358
SNFS	-	752	2,522	-	110	5,132
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	321	18,834	71,771	-	9,873	114,293
MENTAL	-	370	-	-	300	-
OTHER	321	18,464	71,771	-	9,573	114,293
SNFS	100	21,667	70,674	311	15,188	115,770
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[2]	-	-	-	-	-	-

1* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS, AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS.

2* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 8: UNITS OF LONG TERM CARE SERVICES FOR SELECTED MEDICAID ELIGIBLES BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR MICHIGAN DURING 1974 (MEDICALLY NEEDY)[1]

PROVIDER AND OWNERSHIP	WHITE MALES			WHITE FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:						
LONG TERM HOSPITALS	151	12,172	97,724	291	10,648	154,747
MENTAL	20	1,070	50,385	-	950	61,340
OTHER	131	11,102	47,339	291	9,698	93,407
ALL ICFS	1,366	19,448	82,063	1,007	27,881	239,475
MENTAL	1,366	8,583	1,015	1,007	15,690	1,387
OTHER	-	10,865	81,048	-	12,191	238,088
SNFS	2,457	46,099	141,677	1,564	58,778	359,692
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:						
LONG TERM HOSPITALS	-	1,553	17,844	-	4,240	58,415
MENTAL	-	-	-	-	-	-
OTHER	-	1,553	17,844	-	4,240	58,415
ALL ICFS	-	936	49,325	-	4,723	225,271
MENTAL	-	-	-	-	-	-
OTHER	-	936	49,325	-	4,723	225,271
SNFS	-	4,084	46,901	-	2,822	208,864
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	1,002	128,005	580,553	1,300	136,936	1,436,204
MENTAL	1,002	17,542	1,383	1,300	27,183	2,309
OTHER	-	110,463	579,170	-	109,753	1,433,895
SNFS	520	120,997	644,226	1,816	139,197	1,864,162
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[2]	-	-	-	-	-	-

1* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS, AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS.

2* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

CONT. FIGURE 8: UNITS OF LONG TERM CARE SERVICES FOR SELECTED MEDICAID ELIGIBLES BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR MICHIGAN DURING 1974 (MEDICALLY NEEDY)[1]

PROVIDER AND OWNERSHIP	OTHER MALES			OTHER FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:						
LONG TERM HOSPITALS	-	1,353	7,245	40	551	8,136
MENTAL	-	470	2,921	40	170	3,720
OTHER	-	883	4,324	-	381	4,416
ALL ICFS	311	929	3,261	132	1,236	4,973
MENTAL	311	778	-	132	1,055	40
OTHER	-	151	3,261	-	181	4,933
SNFS	1,454	2,534	6,811	-	3,120	8,794
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:						
LONG TERM HOSPITALS	-	40	642	-	632	1,044
MENTAL	-	-	-	-	-	-
OTHER	-	40	642	-	632	1,044
ALL ICFS	-	804	2,833	-	80	6,247
MENTAL	-	-	-	-	-	-
OTHER	-	804	2,833	-	80	6,247
SNFS	-	583	5,469	-	221	6,626
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	321	26,664	82,951	220	15,707	116,364
MENTAL	-	1,762	-	220	842	-
OTHER	321	24,902	82,951	-	14,865	116,364
SNFS	541	30,131	67,856	60	18,937	112,232
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[2]	-	-	-	-	-	-

1* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS, AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS.

2* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 9: MEDICAID EXPENDITURES FOR LONG-TERM CARE SERVICES ON BEHALF OF SELECTED ELIGIBLES (OAA, AB, APTD) BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR MICHIGAN DURING 1973 (CATEGORICALLY NEEDY)

PROVIDER AND OWNERSHIP	WHITE MALES			WHITE FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:	$375,808	$2,032,572	$1,896,534	$246,102	$2,244,723	$2,879,789
LONG TERM HOSPITALS	$13,994	$83,577	$1,340,551	$6,095	$138,165	$1,419,315
MENTAL	$13,994	$27,926	$1,228,248	$6,095	-	$1,170,528
OTHER	-	$55,651	$112,303	-	$138,165	$248,787
ALL ICFS	$97,791	$992,794	$78,988	$102,231	$1,034,985	$239,320
MENTAL	$97,791	$972,484	$37,150	$102,231	$966,550	$105,706
OTHER	-	$20,309	$41,838	-	$68,435	$133,613
SNFS	$264,023	$956,201	$476,993	$137,775	$1,071,573	$1,221,153
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:	-	$93,495	$127,571	-	$128,136	$817,973
LONG TERM HOSPITALS	-	$4,927	$40,255	-	$17,640	$197,752
MENTAL	-	-	-	-	-	-
OTHER	-	$4,927	$40,255	-	$17,640	$197,752
ALL ICFS	-	$65,819	$53,245	-	$70,969	$303,399
MENTAL	-	-	-	-	-	-
OTHER	-	$65,819	$53,245	-	$70,969	$303,399
SNFS	-	$22,749	$34,069	-	$39,526	$316,821
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:	$98,112	$2,774,093	$3,184,862	$128,565	$3,585,235	$8,684,939
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	$54,467	$1,554,015	$1,859,185	$46,787	$1,930,039	$4,339,362
MENTAL	$54,467	$292,810	$12,822	$40,712	$262,032	$42,970
OTHER	-	$1,261,204	$1,846,363	$6,075	$1,668,006	$4,296,392
SNFS	$43,644	$1,220,078	$1,325,677	$81,777	$1,655,195	$4,345,576
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[1]	-	-	-	-	-	-

1* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

CONT. FIGURE 9: MEDICAID EXPENDITURES FOR LONG-TERM CARE SERVICES ON BEHALF OF SELECTED ELIGIBLES (OAA, AB, APTD) BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR MICHIGAN DURING 1973 (CATEGORICALLY NEEDY)

PROVIDER AND OWNERSHIP	OTHER MALES			OTHER FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:	$133,043	$327,315	$123,909	$71,829	$309,718	$223,259
LONG TERM HOSPITALS	$25,342	$20,075	$105,065	$3,059	$37,427	$120,257
MENTAL	$25,342	-	$76,860	$3,059	-	$75,702
OTHER	-	$20,075	$28,204	-	$37,427	$44,555
ALL ICFS	$40,157	$183,039	$1,435	$57,067	$172,820	$12,753
MENTAL	$40,157	$181,691	-	$57,067	$172,820	$7,852
OTHER	-	$1,347	$1,435	-	-	$4,901
SNFS	$67,543	$124,200	$17,408	$11,702	$99,470	$90,249
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:	-	$50,327	$12,726	-	$30,849	$68,819
LONG TERM HOSPITALS	-	$6,444	$1,764	-	$954	$288
MENTAL	-	-	-	-	-	-
OTHER	-	$6,444	$1,764	-	$954	$288
ALL ICFS	-	$42,503	$3,562	-	$28,208	$46,910
MENTAL	-	-	-	-	-	-
OTHER	-	$42,503	$3,562	-	$28,208	$46,910
SNFS	-	$1,380	$7,399	-	$1,687	$21,621
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:	$25,537	$1,046,813	$604,847	$25,518	$1,379,116	$2,103,133
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	$6,696	$453,107	$350,212	$13,074	$588,854	$1,037,796
MENTAL	$2,600	$39,204	-	$7,634	$36,185	$996
OTHER	$4,096	$413,902	$350,212	$5,440	$552,669	$1,036,800
SNFS	$18,841	$593,705	$254,634	$12,443	$790,261	$1,065,337
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[1]	-	-	-	-	-	-

1* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 9: MEDICAID EXPENDITURES FOR LONG-TERM CARE SERVICES ON BEHALF OF SELECTED ELIGIBLES (OAA, AB, APTD) BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR MICHIGAN DURING 1974 (CATEGORICALLY NEEDY)

PROVIDER AND OWNERSHIP	WHITE MALES			WHITE FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:	$1,126,248	$1,956,961	$1,357,825	$885,743	$2,378,711	$2,775,241
LONG TERM HOSPITALS	$248,253	$91,511	$799,428	$141,449	$159,239	$1,073,343
MENTAL	$246,105	$22,694	$705,423	$141,449	$25,747	$786,637
OTHER	$2,148	$68,817	$94,005	-	$133,491	$286,706
ALL ICFS	$236,290	$694,551	$155,768	$223,164	$925,030	$674,054
MENTAL	$236,290	$642,409	$25,780	$216,371	$688,807	$78,884
OTHER	-	$52,142	$129,987	$6,793	$236,223	$595,169
SNFS	$641,703	$1,170,898	$402,628	$521,129	$1,294,441	$1,027,843
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:	-	$67,525	$123,121	-	$128,325	$765,170
LONG TERM HOSPITALS	-	$5,500	$51,792	-	$16,945	$168,269
MENTAL	-	-	-	-	-	-
OTHER	-	$5,500	$51,792	-	$16,945	$168,269
ALL ICFS	-	$49,214	$41,446	-	$68,913	$299,894
MENTAL	-	-	-	-	-	-
OTHER	-	$49,214	$41,446	-	$68,913	$299,894
SNFS	-	$12,811	$29,882	-	$42,466	$297,007
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:	$372,339	$3,214,040	$3,500,475	$365,166	$4,146,830	$9,246,752
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	$287,884	$2,038,034	$2,230,902	$225,320	$2,509,175	$4,765,808
MENTAL	$287,699	$600,751	$25,162	$219,464	$580,772	$84,622
OTHER	$185	$1,437,283	$2,205,740	$5,856	$1,928,402	$4,681,185
SNFS	$84,455	$1,176,005	$1,269,572	$139,846	$1,637,655	$4,480,944
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[1]	-	-	-	-	-	-

1* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

CONT. FIGURE 9: MEDICAID EXPENDITURES FOR LONG-TERM CARE SERVICES ON BEHALF OF SELECTED ELIGIBLES (OAA, AB, APTD) BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR MICHIGAN DURING 1974 (CATEGORICALLY NEEDY)

PROVIDER AND OWNERSHIP	OTHER MALES			OTHER FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:	$199,426	$289,186	$77,511	$119,408	$307,494	$194,332
LONG TERM HOSPITALS	$37,132	$11,689	$60,153	$7,480	$32,133	$100,270
MENTAL	$36,559	-	$40,405	$7,480	$1,763	$47,236
OTHER	$573	$11,689	$19,747	-	$30,369	$53,034
ALL ICFS	$40,224	$147,656	$4,883	$66,332	$126,441	$7,693
MENTAL	$40,224	$142,349	-	$66,332	$111,534	-
OTHER	-	$5,307	$4,883	-	$14,907	$7,693
SNFS	$122,069	$129,840	$12,475	$45,596	$148,919	$86,368
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:	-	$16,402	$10,205	-	$14,096	$47,862
LONG TERM HOSPITALS	-	$6,813	-	-	-	$298
MENTAL	-	-	-	-	-	-
OTHER	-	$6,813	-	-	-	$298
ALL ICFS	-	$4,054	$6,276	-	$7,420	$16,591
MENTAL	-	-	-	-	-	-
OTHER	-	$4,054	$6,276	-	$7,420	$16,591
SNFS	-	$5,534	$3,928	-	$6,675	$30,972
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:	$82,766	$1,063,217	$644,791	$92,919	$1,537,680	$2,282,428
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	$67,298	$597,756	$383,387	$78,928	$767,780	$1,212,440
MENTAL	$60,880	$96,001	-	$66,166	$99,073	$12,846
OTHER	$6,418	$501,754	$383,387	$12,762	$668,706	$1,199,594
SNFS	$15,468	$465,461	$261,403	$13,990	$769,900	$1,069,988
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[1]	-	-	-	-	-	-

1* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 9: MEDICAID EXPENDITURES FOR LONG-TERM CARE SERVICES ON BEHALF OF SELECTED ELIGIBLES (OAA, AB, APTD) BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR MICHIGAN DURING 1973 (MEDICALLY NEEDY)

PROVIDER AND OWNERSHIP	WHITE MALES			WHITE FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:	$87,454	$1,779,801	$7,243,422	$51,612	$2,184,874	$16,818,731
LONG TERM HOSPITALS	$3,707	$205,956	$2,715,145	$1,526	$180,093	$4,080,330
MENTAL	$1,829	-	$1,738,272	-	-	$2,167,577
OTHER	$1,878	$205,956	$976,872	$1,526	$180,093	$1,912,752
ALL ICFS	$52,859	$535,006	$484,519	$31,817	$813,383	$1,437,588
MENTAL	$52,859	$474,254	$29,664	$31,817	$734,523	$77,864
OTHER	-	$60,752	$454,854	-	$78,860	$1,359,724
SNFS	$30,886	$1,038,838	$4,043,757	$18,268	$1,191,398	$11,300,812
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:	-	$97,253	$1,666,527	-	$202,504	$7,827,652
LONG TERM HOSPITALS	-	$8,454	$384,072	-	$82,771	$1,220,453
MENTAL	-	-	-	-	-	-
OTHER	-	$8,454	$384,072	-	$82,771	$1,220,453
ALL ICFS	-	$26,873	$632,022	-	$54,377	$3,239,061
MENTAL	-	-	-	-	-	-
OTHER	-	$26,873	$632,022	-	$54,377	$3,239,061
SNFS	-	$61,425	$650,432	-	$65,355	$3,368,137
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:	$17,410	$3,066,582	$17,292,900	$32,662	$3,559,801	$49,887,421
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	$6,312	$1,320,328	$7,446,003	$2,588	$1,476,279	$20,041,867
MENTAL	$5,508	$151,674	$16,317	-	$245,922	$39,057
OTHER	$804	$1,168,654	$7,429,685	$2,588	$1,230,357	$20,002,809
SNFS	$11,097	$1,746,254	$9,846,897	$30,074	$2,083,521	$29,845,553
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[1]	-	-	-	-	-	-

1* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

CONT. FIGURE 9: MEDICAID EXPENDITURES FOR LONG-TERM CARE SERVICES ON BEHALF OF SELECTED ELIGIBLES (OAA, AB, APTD) BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR MICHIGAN DURING 1973 (MEDICALLY NEEDY)

PROVIDER AND OWNERSHIP	OTHER MALES			OTHER FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:	$26,752	$83,691	$366,722	$12,659	$97,961	$487,641
LONG TERM HOSPITALS	-	$17,983	$196,030	-	$14,016	$215,261
MENTAL	-	-	$126,554	-	-	$121,847
OTHER	-	$17,983	$69,476	-	$14,016	$93,414
ALL ICFS	$7,774	$46,546	$12,536	$12,659	$38,512	$23,824
MENTAL	$7,774	$45,170	-	$12,659	$38,036	-
OTHER	-	$1,375	$12,536	-	$476	$23,824
SNFS	$18,978	$18,561	$158,156	-	$45,431	$248,555
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:	-	$22,560	$146,057	-	$16,548	$292,016
LONG TERM HOSPITALS	-	-	$9,380	-	$11,940	$27,680
MENTAL	-	-	-	-	-	-
OTHER	-	-	$9,380	-	$11,940	$27,680
ALL ICFS	-	$8,962	$91,993	-	$2,800	$167,524
MENTAL	-	-	-	-	-	-
OTHER	-	$8,962	$91,993	-	$2,800	$167,524
SNFS	-	$13,597	$44,683	-	$1,807	$96,811
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:	$8,332	$662,364	$2,222,604	$5,792	$426,829	$3,896,534
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	$5,964	$279,535	$1,032,849	-	$150,857	$1,760,758
MENTAL	-	$6,795	-	-	$5,208	-
OTHER	$5,964	$272,739	$1,032,849	-	$145,648	$1,760,758
SNFS	$2,368	$382,829	$1,189,755	$5,792	$275,972	$2,135,775
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[1]	-	-	-	-	-	-

1* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 9: MEDICAID EXPENDITURES FOR LONG-TERM CARE SERVICES ON BEHALF OF SELECTED ELIGIBLES (OAA, AB, APTD) BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR MICHIGAN DURING 1974 (MEDICALLY NEEDY)

PROVIDER AND OWNERSHIP	WHITE MALES			WHITE FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:	$120,911	$1,995,458	$7,281,847	$94,508	$2,601,497	$17,604,922
LONG TERM HOSPITALS	$6,665	$272,304	$2,332,066	$9,567	$252,168	$3,684,890
MENTAL	$2,256	$20,607	$1,293,412	-	$15,562	$1,527,248
OTHER	$4,409	$251,696	$1,038,654	$9,567	$236,606	$2,157,642
ALL ICFS	$44,654	$545,870	$1,777,110	$37,135	$832,428	$5,457,792
MENTAL	$44,654	$292,903	$36,939	$37,135	$550,162	$51,320
OTHER	-	$252,967	$1,740,170	-	$282,265	$5,406,472
SNFS	$69,591	$1,177,283	$3,172,671	$47,805	$1,516,900	$8,462,238
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:	-	$102,732	$1,777,405	-	$221,606	$8,452,706
LONG TERM HOSPITALS	-	$31,592	$375,473	-	$93,061	$1,238,126
MENTAL	-	-	-	-	-	-
OTHER	-	$31,592	$375,473	-	$93,061	$1,238,126
ALL ICFS	-	$14,623	$690,563	-	$75,015	$3,560,043
MENTAL	-	-	-	-	-	-
OTHER	-	$14,623	$690,563	-	$75,015	$3,560,043
SNFS	-	$56,515	$711,368	-	$53,529	$3,654,535
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:	$34,817	$4,304,380	$19,650,166	$67,800	$5,101,491	$57,164,979
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	$22,851	$2,116,497	$8,736,427	$27,958	$2,429,526	$23,176,717
MENTAL	$22,851	$370,413	$29,636	$27,958	$588,109	$54,508
OTHER	-	$1,746,084	$8,706,790	-	$1,841,417	$23,122,209
SNFS	$11,965	$2,187,882	$10,913,739	$39,841	$2,671,965	$33,988,262
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[1]	-	-	-	-	-	-

1* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

CONT. FIGURE 9: MEDICAID EXPENDITURES FOR LONG-TERM CARE SERVICES ON BEHALF OF SELECTED ELIGIBLES (OAA, AB, APTD) BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR MICHIGAN DURING 1974 (MEDICALLY NEEDY)

PROVIDER AND OWNERSHIP	OTHER MALES			OTHER FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:	$55,316	$121,012	$395,153	$6,764	$134,369	$531,996
LONG TERM HOSPITALS	-	$24,759	$179,046	$1,649	$10,251	$208,578
MENTAL	-	$6,709	$81,396	$1,649	$2,513	$109,533
OTHER	-	$18,050	$97,649	-	$7,737	$99,044
ALL ICFS	$10,278	$34,507	$67,258	$5,115	$39,029	$118,310
MENTAL	$10,278	$30,149	-	$5,115	$33,980	$1,567
OTHER	-	$4,358	$67,258	-	$5,049	$116,742
SNFS	$45,037	$61,745	$148,849	-	$85,088	$205,108
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:	-	$16,449	$128,341	-	$21,068	$254,803
LONG TERM HOSPITALS	-	$504	$13,998	-	$14,602	$24,908
MENTAL	-	-	-	-	-	-
OTHER	-	$504	$13,998	-	$14,602	$24,908
ALL ICFS	-	$11,172	$42,730	-	$1,400	$111,830
MENTAL	-	-	-	-	-	-
OTHER	-	$11,172	$42,730	-	$1,400	$111,830
SNFS	-	$4,771	$71,612	-	$5,065	$118,063
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:	$18,716	$1,037,023	$2,586,544	$5,942	$654,481	$4,177,548
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	$6,818	$465,629	$1,339,500	$4,539	$274,249	$1,994,384
MENTAL	-	$37,955	-	$4,539	$17,204	-
OTHER	$6,818	$427,674	$1,339,500	-	$257,045	$1,994,384
SNFS	$11,898	$571,393	$1,247,044	$1,403	$380,232	$2,183,163
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[1]	-	-	-	-	-	-

1* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 10: UTILIZATION AND EXPENDITURES FOR MEDICAID SERVICES IN 1973 ON BEHALF OF SELECTED 1974 MEDICAID ELIGIBLES FOR MICHIGAN (CATEGORICALLY NEEDY)

UTILIZATION OF SERVICES IN 1973 BY 1974 ELIGIBLES[1]	LONG TERM HOSPITALS		SNF	ICF SERVICES		HOME HEALTH	NO SERVICES RECEIVED IN 1973
	OTHER	MENTAL	SERVICES	MENTAL	OTHER	SERVICES	
NUMBER OF 1974 MEDICAID ELIGIBLES RECEIVING SERVICES DURING 1973	334	452	3,777	549	3,976	-	99,270
UNITS OF SERVICE RECEIVED DURING 1973 BY 1974 MEDICAID ELIGIBLES	49,985	81,541	685,743	139,735	875,662	-	
MEDICAID EXPENDITURES IN 1973 FOR SERVICES RECEIVED BY 1974 MEDICAID ELIGIBLES	$1,267,703	$2,853,606	$15,116,544	$3,605,744	$14,210,570	-	

1* AN INDIVIDUAL MAY APPEAR SEVERAL TIMES IN THIS ROW IF HE SEES MULTIPLE PROVIDERS.

FIGURE 10: UTILIZATION AND EXPENDITURES FOR MEDICAID SERVICES IN 1973 ON BEHALF OF SELECTED 1974 MEDICAID ELIGIBLES FOR MICHIGAN (MEDICALLY NEEDY)

UTILIZATION OF SERVICES IN 1973 BY 1974 ELIGIBLES	LONG TERM HOSPITALS OTHER	LONG TERM HOSPITALS MENTAL	SNF SERVICES	ICF SERVICES [illegible]	ICF SERVICES [illegible]	HOME HEALTH SERVICES	NO SERVICES RECEIVED IN 1973
NUMBER OF 1974 MEDICAID ELIGIBLES RECEIVING SERVICES DURING 1973[1]	1,419	717	18,333	336	15,737	-	52,618
UNITS OF SERVICE RECEIVED DURING 1973 BY 1974 MEDICAID ELIGIBLES	308,935	127,981	3,732,270	80,534	3,312,179	-	
MEDICAID EXPENDITURES IN 1973 FOR SERVICES RECEIVED BY 1974 MEDICAID ELIGIBLES	$6,369,451	$3,839,457	$66,387,859	$1,886,696	$43,529,104	-	

1* AN INDIVIDUAL MAY APPEAR SEVERAL TIMES IN THIS ROW IF HE SEES MULTIPLE PROVIDERS.

FIGURE 11: BASIS OF PROGRAM ELIGIBILITY FOR MEDICAID IN 1973 FOR SELECTED CATEGORIES OF THE 1974 MEDICAID ELIGIBLE POPULATION FOR MICHIGAN

BASIS OF ELIGIBILITY IN DECEMBER 1974	BASIS OF ELIGIBILITY IN DECEMBER 1973: CATEGORICALLY NEEDY			MEDICALLY NEEDY			NOT ELIGIBLE FOR OAA, AB, APTD PROGRAMS IN DEC 1973
	OAA	AB	APTD	OAA	AB	APTD	
CATEGORICALLY NEEDY							
OAA	36,527	3	18	-	9	115	6,648
AB	-	1,589	1	-	-	2	76
APTD	6	2	49,259	9	14	-	5,717
MEDICALLY NEEDY							
OAA	-	5	84	30,832	4	387	13,473
AB	-	-	2	-	134	2	60
APTD	6	5	-	9	2	9,042	10,715
NOT ELIGIBLE FOR OAA, AB, APTD PROGRAMS IN DEC 1974	3,596	119	4,980	11,504	53	3,314	-

FIGURE 12: LONG TERM CARE UTILIZATION AND EXPENDITURES UNDER MEDICAID ON BEHALF OF SELECTED ELIGIBLES BY QUARTER AND BY TYPE OF SERVICE FOR MICHIGAN DURING 1974 (CATEGORICALLY NEEDY)

MEDICAID UTILIZATION AND EXPENDITURES DURING 1974 FOR AGED, BLIND, AND DISABLED	LONG TERM HOSPITALS		SKILLED NURSING FACILITIES	INTERMEDIATE CARE FACILITIES		HOME HEALTH SERVICES
	OTHER	MENTAL		MENTAL	OTHER	
UTILIZATION OF SERVICES[1,2]						
JANUARY - MARCH	8,928	12,283	127,405	24,723	160,157	-
APRIL - JUNE	14,574	19,940	212,292	38,929	272,603	-
JULY - SEPTEMBER	54,785	18,227	218,953	42,187	270,483	-
OCTOBER - DECEMBER	13,562	16,752	224,272	49,438	268,808	-
MEDICAID EXPENDITURES[2]						
JANUARY - MARCH	$355,672	$554,632	$4,441,919	$1,109,738	$4,274,571	-
APRIL - JUNE	$355,579	$526,309	$4,476,245	$993,143	$4,362,063	-
JULY - SEPTEMBER	$1,324,325	$587,700	$4,920,160	$1,075,798	$4,589,860	-
OCTOBER - DECEMBER	$377,847	$546,145	$5,131,481	$1,259,512	$4,643,166	-

1* UTILIZATION IS EXPRESSED IN PATIENT-DAYS FOR HOSPITALS, SNF'S, AND ICF'S, AND IN VISITS FOR HOME HEALTH SERVICES.

2* INCLUDES SERVICES AND EXPENDITURES FOR IN-STATE PROVIDERS ONLY.

FIGURE 12: LONG TERM CARE UTILIZATION AND EXPENDITURES UNDER MEDICAID ON BEHALF OF SELECTED ELIGIBLES BY QUARTER AND BY TYPE OF SERVICE FOR MICHIGAN DURING 1974 (MEDICALLY NEEDY)

MEDICAID UTILIZATION AND EXPENDITURES DURING 1974 FOR AGED, BLIND, AND DISABLED	LONG TERM HOSPITALS		SKILLED NURSING FACILITIES	INTERMEDIATE CARE FACILITIES		HOME HEALTH SERVICES
	OTHER	MENTAL		MENTAL	OTHER	
UTILIZATION OF SERVICES[1,2]						
JANUARY - MARCH	56,100	24,046	656,503	15,173	591,699	-
APRIL - JUNE	93,523	36,420	1,128,677	23,554	1,025,989	-
JULY - SEPTEMBER	94,573	33,411	1,159,117	23,131	1,041,852	-
OCTOBER - DECEMBER	94,692	30,834	1,161,726	24,300	1,050,111	-
MEDICAID EXPENDITURES[2]						
JANUARY - MARCH	$1,887,011	$877,285	$18,168,154	$636,807	$13,492,895	-
APRIL - JUNE	$1,873,478	$839,747	$18,669,736	$540,246	$13,930,676	-
JULY - SEPTEMBER	$2,019,031	$758,385	$20,305,010	$539,557	$15,098,314	-
OCTOBER - DECEMBER	$2,248,216	$696,045	$20,414,848	$555,167	$15,313,728	-

1* UTILIZATION IS EXPRESSED IN PATIENT-DAYS FOR HOSPITALS, SNF'S, AND ICF'S, AND IN VISITS FOR HOME HEALTH SERVICES.

2* INCLUDES SERVICES AND EXPENDITURES FOR IN-STATE PROVIDERS ONLY.

MEDICAID ELIGIBILITY, UTILIZATION AND EXPENDITURES IN WASHINGTON*

*Before utilizing the data in these tabulations, consult the Technical Notes beginning on p. A.376.

FIGURE 1: CHARACTERISTICS OF SELECTED MEDICAID ELIGIBLES BY BASIS OF PROGRAM ELIGIBILITY FOR WASHINGTON DURING 1973 (CATEGORICALLY NEEDY)

CHARACTERISTICS OF ELIGIBLE PERSONS	BASIS OF PROGRAM ELIGIBILITY[1]			
	UNDUPLICATED TOTAL	OAA	AB	APTD
PROGRAM TOTALS	61,590	29,945	564	31,473
WHITE MALES	16,601	5,977	186	10,553
UNDER 22	2,191	43	62	2,092
22 - 64	8,373	98	91	8,244
OVER 64	6,037	5,836	33	217
WHITE FEMALES	26,289	14,662	198	11,568
UNDER 22	2,047	69	67	1,913
22 - 64	9,711	292	104	9,386
OVER 64	14,531	14,301	27	269
OTHER MALES	2,496	584	21	1,914
UNDER 22	411	34	8	373
22 - 64	1,533	21	13	1,510
OVER 64	552	529	-	31
OTHER FEMALES	2,560	863	65	1,692
UNDER 22	405	34	8	365
22 - 64	1,355	55	15	1,303
OVER 64	800	780	2	24

1* AN INDIVIDUAL MAY APPEAR IN MORE THAN ONE COLUMN IF HE CHANGED PROGRAMS DURING THE YEAR, BUT APPEARS ONLY ONCE IN THE TOTAL COLUMN.

FIGURE 1: CHARACTERISTICS OF SELECTED MEDICAID ELIGIBLES BY BASIS OF PROGRAM ELIGIBILITY [illegible] DURING 1974 (CATEGORICALLY NEEDY)

CHARACTERISTICS OF ELIGIBLE PERSONS	UNDUPLICATED TOTAL	BASIS OF PROGRAM ELIGIBILITY[1] OAA	AB	APTD
PROGRAM TOTALS	58,654	35,389	759	45,207
WHITE MALES	24,775	7,415	276	17,442
UNDER 22	1,358	34	40	1,289
22 - 64	15,580	37	185	15,386
OVER 64	7,837	7,344	51	767
WHITE FEMALES	32,120	17,401	245	15,049
UNDER 22	1,254	91	56	1,139
22 - 64	13,430	342	140	13,022
OVER 64	17,466	16,968	50	888
OTHER MALES	4,333	811	36	3,526
UNDER 22	246	16	8	223
22 - 64	3,237	14	26	3,202
OVER 64	850	781	2	103
OTHER FEMALES	3,151	1,123	31	2,039
UNDER 22	194	23	5	166
22 - 64	1,870	61	23	1,796
OVER 64	1,087	1,039	3	77

1* AN INDIVIDUAL MAY APPEAR IN MORE THAN ONE COLUMN IF HE CHANGED PROGRAMS DURING THE YEAR, BUT APPEARS ONLY ONCE IN THE TOTAL COLUMN.

FIGURE 1: CHARACTERISTICS OF SELECTED MEDICAID ELIGIBLES BY BASIS OF PROGRAM ELIGIBILITY FOR WASHINGTON DURING 1973 (MEDICALLY NEEDY)

CHARACTERISTICS OF ELIGIBLE PERSONS	UNDUPLICATED TOTAL	BASIS OF PROGRAM ELIGIBILITY[1]		
		[illegible]	[illegible]	APTD
PROGRAM TOTALS	8,385	3,574	34	4,726
WHITE MALES	2,563	1,120	11	1,850
UNDER 22	72	1	-	71
22 - 64	1,756	32	11	1,721
OVER 64	1,135	1,087	-	58
WHITE FEMALES	3,775	1,802	13	1,988
UNDER 22	64	-	1	63
22 - 64	1,886	52	11	1,834
OVER 64	1,825	1,750	1	91
OTHER MALES	316	117	1	199
UNDER 22	7	-	-	7
22 - 64	188	3	1	184
OVER 64	121	114	-	8
OTHER FEMALES	264	103	3	158
UNDER 22	7	-	-	7
22 - 64	150	4	2	144
OVER 64	107	99	1	7

1* AN INDIVIDUAL MAY APPEAR IN MORE THAN ONE COLUMN IF HE CHANGED PROGRAMS DURING THE YEAR, BUT APPEARS ONLY ONCE IN THE TOTAL COLUMN.

FIGURE 1: CHARACTERISTICS OF SELECTED MEDICAID ELIGIBLES BY BASIS OF PROGRAM ELIGIBILITY FOR WASHINGTON DURING 1974 (MEDICALLY NEEDY)

CHARACTERISTIC OF ELIGIBLE PERSONS	UNDUPLICATED TOTAL	BASIS OF PROGRAM ELIGIBILITY[1] OAA	AB	APTD
PROGRAM TOTALS	11,751	6,476	67	5,341
WHITE MALES	3,594	1,842	24	2,133
UNDER 22	47	-	1	46
22 - 64	1,928	1	16	1,911
OVER 64	2,009	1,841	7	176
WHITE FEMALES	5,631	3,336	24	2,315
UNDER 22	21	1	1	19
22 - 64	2,059	7	23	2,035
OVER 64	3,551	3,328	5	261
OTHER MALES	380	165	4	214
UNDER 22	5	-	-	5
22 - 64	202	1	3	198
OVER 64	173	164	1	11
OTHER FEMALES	323	149	3	173
UNDER 22	2	-	-	2
22 - 64	160	-	3	157
OVER 64	161	149	-	14

1/ AN INDIVIDUAL MAY APPEAR IN MORE THAN ONE COLUMN IF HE CHANGED PROGRAMS DURING THE YEAR, BUT APPEARS ONLY ONCE IN THE TOTAL COLUMN.

FIGURE 2: PERCENT DISTRIBUTION OF SELECTED MEDICAID ELIGIBLES BY BASIS OF PROGRAM ELIGIBILITY FOR WASHINGTON DURING 1973 (CATEGORICALLY NEEDY)

CHARACTERISTICS OF ELIGIBLE PERSONS	BASIS OF PROGRAM ELIGIBILITY[1]			
	UNDUPLICATED TOTAL	OAA	AB	APTD
PROGRAM TOTALS	100.0	100.0	100.0	100.0
WHITE MALES	26.4	14.9	32.9	33.5
UNDER 22	3.5	.1	10.9	6.6
22 - 64	13.5	.3	16.1	26.1
OVER 64	9.4	14.4	5.8	.8
WHITE FEMALES	42.5	48.9	35.1	36.7
UNDER 22	3.3	.2	11.8	6.0
22 - 64	15.7	.9	18.4	29.8
OVER 64	23.5	47.7	4.7	.8
OTHER MALES	4.0	1.9	3.7	6.0
UNDER 22	.6	.1	1.4	1.1
22 - 64	2.4	-	2.3	4.7
OVER 64	.8	1.7	-	-
OTHER FEMALES	4.1	2.9	4.4	5.3
UNDER 22	.6	.1	1.4	1.1
22 - 64	2.2	.1	2.6	4.1
OVER 64	1.2	2.6	.3	-

1* AN INDIVIDUAL MAY APPEAR IN MORE THAN ONE COLUMN IF HE CHANGED PROGRAMS DURING THE YEAR, BUT APPEARS ONLY ONCE IN THE TOTAL COLUMN.

FIGURE 2: PERCENT DISTRIBUTION OF SELECTED [illegible] ELIGIBLES BY BASIS OF PROGRAM ELIGIBILITY FOR WASHINGTON DURING 1974 (CATEGORICALLY NEEDY)

CHARACTERISTICS OF ELIGIBLE PERSONS	UNDUPLICATED TOTAL	BASIS OF PROGRAM ELIGIBILITY[1] OAA	AB	APTD
PROGRAM TOTALS	100.0	100.0	100.0	100.0
WHITE MALES	30.7	20.6	36.3	38.5
UNDER 22	1.5	-	3.2	2.8
22 - 64	19.3	.1	24.3	34.0
OVER 64	9.7	20.4	5.7	1.6
WHITE FEMALES	39.8	44.4	32.4	33.2
UNDER 22	1.5	.2	7.3	2.5
22 - 64	16.6	.9	18.4	28.8
OVER 64	21.6	47.2	6.5	1.9
OTHER MALES	5.3	2.2	4.7	7.8
UNDER 22	.3	-	1.0	.4
22 - 64	4.0	-	3.4	7.0
OVER 64	1.0	2.1	.2	.2
OTHER FEMALES	3.9	3.1	4.0	4.5
UNDER 22	.2	-	.5	.3
22 - 64	2.3	.1	3.0	3.9
OVER 64	1.3	2.8	.3	.1

1* AN INDIVIDUAL MAY APPEAR IN MORE THAN ONE COLUMN IF HE CHANGED PROGRAMS DURING THE YEAR, BUT APPEARS ONLY ONCE IN THE TOTAL COLUMN.

FIGURE 2: PERCENT DISTRIBUTION OF SELECTED MEDICAID ELIGIBLES BY BASIS OF PROGRAM ELIGIBILITY FOR WASHINGTON DURING 1973 (MEDICALLY NEEDY)

CHARACTERISTICS OF ELIGIBLE PERSONS	UNDUPLICATED TOTAL	BASIS OF PROGRAM ELIGIBILITY[1] OAA	AB	APTD
PROGRAM TOTALS	100.0	100.0	100.0	100.0
WHITE MALES	35.3	30.4	32.3	34.1
UNDER 22	.4	-	-	1.5
22 - 64	20.9	.8	32.3	36.4
OVER 64	13.5	29.5	-	1.2
WHITE FEMALES	45.0	48.9	34.2	42.0
UNDER 22	.7	-	2.9	1.3
22 - 64	22.4	1.4	32.3	38.8
OVER 64	21.7	47.5	2.9	1.9
OTHER MALES	3.7	3.1	2.9	4.2
UNDER 22	-	-	-	.1
22 - 64	2.2	-	2.9	3.8
OVER 64	1.4	3.0	-	.1
OTHER FEMALES	3.1	2.7	8.8	3.3
UNDER 22	-	-	-	.1
22 - 64	1.7	.1	5.8	3.0
OVER 64	1.2	2.5	2.9	.1

1* AN INDIVIDUAL MAY APPEAR IN MORE THAN ONE COLUMN IF HE CHANGED PROGRAMS DURING THE YEAR, BUT APPEARS ONLY ONCE IN THE TOTAL COLUMN.

FIGURE 2: PERCENT DISTRIBUTION OF SELECTED MEDICAID ELIGIBLES BY BASIS OF PROGRAM ELIGIBILITY FOR WASHINGTON DURING 1974 (MEDICALLY NEEDY)

CHARACTERISTICS OF ELIGIBLE PERSONS	UNDUPLICATED TOTAL	BASIS OF PROGRAM ELIGIBILITY[1] OAA	AB	APTD
PROGRAM TOTALS	100.0	100.0	100.0	100.0
WHITE MALES	33.9	28.9	35.8	39.5
UNDER 22	.3	-	1.4	.4
22 - 64	16.4	-	23.8	35.4
OVER 64	17.[illegible]	24.9	10.4	3.2
WHITE FEMALES	47.9	52.3	43.2	42.9
UNDER 22	.1	-	1.4	.3
22 - 64	17.5	.1	34.3	37.7
OVER 64	30.[illegible]	52.1	7.4	4.8
OTHER MALES	3.[illegible]	2.5	5.9	3.9
UNDER 22	-	-	-	-
22 - 64	1.7	-	4.4	3.6
OVER 64	1.4	2.5	1.4	.2
OTHER FEMALES	2.7	2.3	4.4	3.2
UNDER 22	-	-	-	-
22 - 64	1.[illegible]	-	4.4	2.9
OVER 64	1.3	2.3	-	.2

1* AN INDIVIDUAL MAY APPEAR IN MORE THAN ONE COLUMN IF HE CHANGED PROGRAMS DURING THE YEAR, BUT APPEARS ONLY ONCE IN THE TOTAL COLUMN.

FIGURE 3: PROFILES OF SELECTED MEDICAID ELIGIBLES AND TOTAL STATE POPULATION OF WASHINGTON DURING 1973 (CATEGORICALLY NEEDY)

CHARACTERISTICS OF ELIGIBLE PERSONS	ALL STATE RESIDENTS		MEDICAID ELIGIBLES (OAA, AB, APTD)		RECIPIENTS[1] NONINSTITUTIONALIZED		RECIPIENTS[1] INSTITUTIONALIZED	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
TOTALS	3,409,169	100.0	61,590	100.0	30,301	100.0	19,188	100.0
WHITE MALES	1,612,802	47.3	16,601	26.9	9,719	32.0	5,041	26.2
UNDER 22	681,412	19.9	2,191	3.5	493	1.6	76	.3
22 - 64	796,393	23.3	8,373	13.5	7,971	26.3	1,863	9.7
OVER 64	134,997	3.9	6,037	9.8	1,255	4.1	3,102	16.1
WHITE FEMALES	1,638,251	48.0	26,289	42.6	11,732	38.7	8,530	44.4
UNDER 22	653,464	19.1	2,047	3.3	548	1.8	90	.4
22 - 64	805,528	23.6	9,711	15.7	8,393	27.6	1,502	7.8
OVER 64	179,261	5.2	14,531	23.5	2,791	9.2	6,938	36.1
OTHER MALES	80,545	2.3	2,496	4.0	2,050	6.7	386	2.0
UNDER 22	39,846	1.1	411	.6	79	.2	6	-
22 - 64	37,073	1.0	1,533	2.4	1,744	5.7	216	1.1
OVER 64	4,026	.1	552	.8	227	.7	164	.8
OTHER FEMALES	77,169	2.2	2,560	4.1	1,629	5.3	272	1.4
UNDER 22	37,367	1.0	405	.6	75	.2	5	-
22 - 64	36,025	1.0	1,355	2.2	1,263	4.1	106	.5
OVER 64	3,777	.1	800	1.2	291	.9	161	.8

1* INCLUDES RECIPIENTS OF SERVICES FROM IN-STATE PROVIDERS ONLY.

FIGURE 3: PROFILES OF SELECTED MEDICAID ELIGIBLES AND TOTAL STATE POPULATION OF WASHINGTON DURING 1974 (CATEGORICALLY NEEDY)

CHARACTERISTICS OF ELIGIBLE PERSONS	ALL STATE RESIDENTS		MEDICAID ELIGIBLES (OAA, AB, APTD)		RECIPIENTS NONINSTITUTIONALIZED[1]		RECIPIENTS INSTITUTIONALIZED[1]	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
TOTALS	3,409,169	100.0	80,654	100.0	32,170	100.0	19,150	100.0
WHITE MALES	1,612,802	47.3	24,775	30.7	9,720	30.2	5,152	26.9
UNDER 22	681,412	19.9	1,358	1.6	1,370	4.2	109	.5
22 - 64	796,393	23.3	15,580	19.3	7,302	22.6	1,821	9.5
OVER 64	134,997	3.9	7,837	9.7	1,048	3.2	3,222	16.8
WHITE FEMALES	1,638,253	48.0	32,180	39.8	13,013	40.4	9,130	47.6
UNDER 22	653,464	19.1	1,284	1.5	1,427	4.4	91	.4
22 - 64	805,528	23.6	13,430	16.6	9,118	28.3	1,676	8.7
OVER 64	179,261	5.2	17,466	21.6	2,468	7.6	7,363	38.4
OTHER MALES	80,945	2.3	4,333	5.3	1,984	6.1	292	1.5
UNDER 22	39,846	1.1	246	.3	230	.7	3	-
22 - 64	37,073	1.0	3,237	4.0	1,564	4.8	152	.7
OVER 64	4,026	.1	850	1.0	190	.5	137	.7
OTHER FEMALES	77,169	2.2	3,151	3.9	1,820	5.6	281	1.4
UNDER 22	37,367	1.0	134	.2	222	.6	6	-
22 - 64	36,025	1.0	1,870	2.3	1,328	4.1	118	.6
OVER 64	3,777	.1	1,087	1.3	270	.8	157	.8

1* INCLUDES RECIPIENTS OF SERVICES FROM IN-STATE PROVIDERS ONLY.

FIGURE 3: PROFILES OF SELECTED MEDICAID ELIGIBLES AND TOTAL STATE POPULATION OF WASHINGTON DURING 1973 (MEDICALLY NEEDY)

CHARACTERISTICS OF ELIGIBLE PERSONS	ALL STATE RESIDENTS		MEDICAID ELIGIBLES (OAA, AB, APTD)		RECIPIENTS[1] NONINSTITUTIONALIZED		RECIPIENTS[1] INSTITUTIONALIZED	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
TOTALS	3,409,169	100.0	8,385	100.0	4,290	100.0	210	100.0
WHITE MALES	1,612,802	47.3	2,963	35.3	1,501	34.9	63	30.0
UNDER 22	681,412	19.9	72	.8	20	.4	-	-
22 - 64	796,393	23.3	1,756	20.9	1,066	24.8	22	10.4
OVER 64	134,997	3.9	1,135	13.5	415	9.6	41	19.5
WHITE FEMALES	1,638,253	48.0	3,775	45.0	2,071	48.2	94	44.7
UNDER 22	653,464	19.1	64	.7	10	.2	-	-
22 - 64	805,528	23.6	1,886	22.4	1,290	30.0	20	9.5
OVER 64	179,261	5.2	1,825	21.7	771	17.9	74	35.2
OTHER MALES	80,545	2.3	316	3.7	164	3.8	8	3.8
UNDER 22	39,846	1.1	7		2	-	-	-
22 - 64	37,073	1.0	188	2.2	119	2.7	5	2.3
OVER 64	4,026	.1	121	1.4	43	1.0	3	1.4
OTHER FEMALES	77,169	2.2	264	3.1	152	3.5	4	1.9
UNDER 22	37,367	1.0	7		1	-	-	-
22 - 64	36,025	1.0	150	1.7	103	2.4	3	1.4
OVER 64	3,777	.1	107	1.2	48	1.1	1	.4

1* INCLUDES RECIPIENTS OF SERVICES FROM IN-STATE PROVIDERS ONLY.

FIGURE 3: PROFILES OF SELECTED MEDICAID ELIGIBLES AND TOTAL STATE POPULATION OF WASHINGTON DURING 1974 (MEDICALLY NEEDY)

CHARACTERISTICS OF ELIGIBLE PERSONS	ALL STATE RESIDENTS		MEDICAID ELIGIBLES (OAA, AB, APTD)		RECIPIENTS[1] NONINSTITUTIONALIZED		RECIPIENTS[1] INSTITUTIONALIZED	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
TOTALS	3,409,164	100.0	11,751	100.0	5,466	100.0	483	100.0
WHITE MALES	1,612,802	47.3	3,984	33.9	1,813	33.1	170	35.1
UNDER 22	681,412	19.9	47	.3	51	.9	-	-
22 - 64	796,393	23.3	1,928	16.4	1,330	24.3	59	12.2
OVER 64	134,997	3.9	2,009	17.0	432	7.9	111	22.9
WHITE FEMALES	1,638,253	48.0	5,631	47.9	2,733	50.0	223	46.1
UNDER 22	653,464	19.1	21	.1	34	.6	-	-
22 - 64	805,528	23.6	2,059	17.5	1,807	33.0	47	9.7
OVER 64	179,261	5.2	3,551	30.2	892	16.3	176	36.4
OTHER MALES	80,945	2.3	380	3.2	195	3.5	15	3.1
UNDER 22	39,846	1.1	5		2	-	-	-
22 - 64	37,073	1.0	202	1.7	133	2.4	6	1.2
OVER 64	4,026	.1	173	1.4	60	1.0	9	1.8
OTHER FEMALES	77,169	2.2	323	2.7	196	3.5	7	1.4
UNDER 22	37,367	1.0	2		2	-	-	-
22 - 64	36,025	1.0	160	1.3	147	2.6	3	.6
OVER 64	3,777	.1	161	1.3	47	.8	4	.8

1* INCLUDES RECIPIENTS OF SERVICES FROM IN-STATE PROVIDERS ONLY.

FIGURE 4: UTILIZATION OF LONG-TERM CARE SERVICES BY OWNERSHIP OF PROVIDER FOR WASHINGTON DURING 1973 (CATEGORICALLY NEEDY)

OWNERSHIP OF AGENCY OR INSTITUTION	LONG TERM HOSPITALS[1] OTHER	LONG TERM HOSPITALS[1] MENTAL	SNFS[1]	ICF SERVICES[1] MENTAL	ICF SERVICES[1] OTHER	HOME HEALTH PROVIDERS[1]
TOTAL UTILIZATION[2]	-	126,537	1,665,998	-	311,950	-
PUBLIC	-	-	-	-	-	-
VOLUNTARY	-	-	165,223	-	12,839	-
PROPRIETARY	-	-	1,469,348	-	253,802	-

1* INCLUDES IN-STATE MEDICAID-CERTIFIED PROVIDERS ONLY.

2* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS. INCLUDES UTILIZATION BY OAA, AB, AND APTD RECIPIENTS.

FIGURE 4: UTILIZATION OF LONG-TERM CARE SERVICES BY OWNERSHIP OF PROVIDER FOR WASHINGTON DURING 1974 (CATEGORICALLY NEEDY)

OWNERSHIP OF AGENCY OR INSTITUTION	LONG TERM HOSPITALS[1]		SNFS[1]	ICF SERVICES[1]		HOME HEALTH PROVIDERS[1]
	OTHER	MENTAL		MENTAL	OTHER	
TOTAL UTILIZATION[2]	-	55,932	2,155,411	-	284,965	-
PUBLIC	-	-	14,846	-	-	-
VOLUNTARY	-	-	205,651	-	23,377	-
PROPRIETARY	-	-	1,778,028	-	159,613	-

1* INCLUDES IN-STATE MEDICAID-CERTIFIED PROVIDERS ONLY.

2* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS. INCLUDES UTILIZATION BY OAA, AB, AND APTD RECIPIENTS.

FIGURE 4: UTILIZATION OF LONG-TERM CARE SERVICES BY OWNERSHIP OF PROVIDER FOR WASHINGTON DURING 1973 (MEDICALLY NEEDY)

OWNERSHIP OF AGENCY OR INSTITUTION	LONG TERM HOSPITALS[1] OTHER	LONG TERM HOSPITALS[1] MENTAL	SNFS[1]	ICF SERVICES[1] MENTAL	ICF SERVICES[1] OTHER	HOME HEALTH PROVIDERS[1]
TOTAL UTILIZATION[2]	-	-	8,985	-	845	-
PUBLIC	-	-	-	-	-	-
VOLUNTARY	-	-	1,094	-	-	-
PROPRIETARY	-	-	7,854	-	720	-

1* INCLUDES IN-STATE MEDICAID-CERTIFIED PROVIDERS ONLY.

2* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS. INCLUDES UTILIZATION BY OAA, AB, AND APTD RECIPIENTS.

FIGURE 4: UTILIZATION OF LONG-TERM CARE SERVICES BY OWNERSHIP OF PROVIDER FOR WASHINGTON DURING 1974 (MEDICALLY NEEDY)

OWNERSHIP OF AGENCY OR INSTITUTION	LONG TERM HOSPITALS[1] OTHER	LONG TERM HOSPITALS[1] MENTAL	SNFS[1]	ICF SERVICES[1] MENTAL	ICF SERVICES[1] OTHER	HOME HEALTH PROVIDERS[1]
TOTAL UTILIZATION[2]	-	786	33,513	-	2,119	-
PUBLIC	-	-	75	-	-	-
VOLUNTARY	-	-	2,112	-	57	-
PROPRIETARY	-	-	28,609	-	1,183	-

1* INCLUDES IN-STATE MEDICAID-CERTIFIED PROVIDERS ONLY.

2* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS. INCLUDES UTILIZATION BY OAA, AB, AND APTD RECIPIENTS.

FIGURE 5: UTILIZATION OF SERVICES AND REIMBURSMENT UNDER MEDICAID BY SELECTED BASES OF PROGRAM ELIGIBILITY FOR WASHINGTON DURING 1973 (CATEGORICALLY NEEDY)

BASIS OF PROG ELIGIBILITY	LONG TERM HOSPITALS OTHER	LONG TERM HOSPITALS MENTAL	SNF SERVICES	ICF SERVICES MENTAL	ICF SERVICES OTHER	HOME HEALTH SERVICES
TOTAL NUMBER OF MEDICAID RECIPIENTS 1	-	345	15,343	-	4,108	-
OAA	-	344	12,393	-	1,495	-
AB	-	-	73	-	26	-
APTD	-	1	2,877	-	2,587	-
TOTAL UNITS OF SERVICE	-	124,545	1,641,285	-	302,094	-
OAA	-	124,493	1,325,223	-	102,470	-
AB	-	-	8,948	-	2,602	-
APTD	-	52	306,114	-	197,022	-
TOTAL MEDICAID EXPENDITURES	-	$1,955,043	$16,515,875	-	$2,624,602	-
OAA	-	$1,954,086	$13,181,886	-	$976,603	-
AB	-	-	$94,397	-	$20,325	-
APTD	-	$957	$3,239,592	-	$1,627,672	-
MEAN LENGTH OF STAY	-	315.3	106.9	-	73.5	-
OAA	-	315.9	107.0	-	68.5	-
AB	-	-	122.5	-	100.0	-
APTD	-	52.0	106.4	-	76.1	-

1* AN INDIVIDUAL MAY APPEAR SEVERAL TIMES IN A ROW (HE SEES MULTIPLE PROVIDERS), AND MAY APPEAR MORE THAN ONCE IN EACH COLUMN IF HE CHANGED PROGRAMS DURING THE YEAR.

FIGURE 5: UTILIZATION OF SERVICES AND REIMBURSMENT UNDER MEDICAID BY SELECTED BASES OF PROGRAM ELIGIBILITY FOR WASHINGTON DURING 1974 (CATEGORICALLY NEEDY)

BASIS OF PROGRAM ELIGIBILITY	LONG TERM HOSPITALS OTHER	LONG TERM HOSPITALS MENTAL	SNF SERVICES	ICF SERVICES MENTAL	ICF SERVICES OTHER	HOME HEALTH SERVICES
TOTAL NUMBER OF MEDICAID RECIPIENTS 1	-	248	15,896	-	3,818	-
OAA	-	248	12,814	-	1,487	-
AB	-	-	63	-	33	-
APTD	-	-	3,019	-	2,298	-
TOTAL UNITS OF SERVICE	-	55,202	2,135,086	-	283,053	-
OAA	-	55,202	1,736,198	-	116,998	-
AB	-	-	8,978	-	2,824	-
APTD	-	-	389,910	-	163,231	-
TOTAL MEDICAID EXPENDITURES	-	$869,490	$25,059,892	-	$2,653,491	-
OAA	-	$869,490	$19,957,970	-	$1,106,143	-
AB	-	-	$116,087	-	$27,394	-
APTD	-	-	$4,985,833	-	$1,519,953	-
MEAN LENGTH OF STAY	-	222.5	134.3	-	74.1	-
OAA	-	222.5	135.4	-	78.6	-
AB	-	-	142.5	-	85.5	-
APTD	-	-	129.1	-	71.0	-

1* AN INDIVIDUAL MAY APPEAR SEVERAL TIMES IN A ROW (HE SEES MULTIPLE PROVIDERS), AND MAY APPEAR MORE THAN ONCE IN EACH COLUMN IF HE CHANGED PROGRAMS DURING THE YEAR.

FIGURE 5: UTILIZATION OF SERVICES AND REIMBURSMENT UNDER MEDICAID BY SELECTED BASES OF PROGRAM ELIGIBILITY FOR WASHINGTON DURING 1973 (MEDICALLY NEEDY)

BASIS OF PROGRAM ELIGIBILITY	LONG TERM HOSPITALS OTHER	LONG TERM HOSPITALS MENTAL	SNF SERVICES	ICF SERVICES MENTAL	ICF SERVICES OTHER	HOME HEALTH SERVICES
TOTAL NUMBER OF MEDICAID RECIPIENTS 1	-	-	197	-	15	-
OAA	-	-	139	-	7	-
AB	-	-	-	-	-	-
APTD	-	-	58	-	8	-
TOTAL UNITS OF SERVICE	-	-	5,046	-	389	-
OAA	-	-	3,894	-	243	-
AB	-	-	-	-	-	-
APTD	-	-	1,152	-	146	-
TOTAL MEDICAID EXPENDITURES	-	-	$57,561	-	$3,081	-
OAA	-	-	$45,191	-	$1,833	-
AB	-	-	-	-	-	-
APTD	-	-	$12,370	-	$1,247	-
MEAN LENGTH OF STAY	-	-	25.6	-	25.9	-
OAA	-	-	28.0	-	34.7	-
AB	-	-	-	-	-	-
APTD	-	-	19.8	-	18.2	-

1* AN INDIVIDUAL MAY APPEAR SEVERAL TIMES IN A ROW (HE SEES MULTIPLE PROVIDERS), AND MAY APPEAR MORE THAN ONCE IN EACH COLUMN IF HE CHANGED PROGRAMS DURING THE YEAR.

FIGURE 5: UTILIZATION OF SERVICES AND REIMBURSMENT UNDER MEDICAID BY SELECTED BASES OF PROGRAM ELIGIBILITY FOR WASHINGTON DURING 1974 (MEDICALLY NEEDY)

BASIS OF PROGRAM ELIGIBILITY	LONG TERM HOSPITALS OTHER	LONG TERM HOSPITALS MENTAL	SNF SERVICES	ICF SERVICES MENTAL	ICF SERVICES OTHER	HOME HEALTH SERVICES
TOTAL NUMBER OF MEDICAID RECIPIENTS 1	-	4	437	-	53	-
OAA	-	3	324	-	16	-
AB	-	-	2	-	-	-
APTD	-	1	111	-	37	-
TOTAL UNITS OF SERVICE	-	755	31,120	-	1,936	-
OAA	-	693	25,122	-	647	-
AB	-	-	253	-	-	-
APTD	-	62	5,745	-	1,289	-
TOTAL MEDICAID EXPENDITURES	-	$16,134	$357,328	-	$20,450	-
OAA	-	$14,991	$283,098	-	$7,282	-
AB	-	-	$2,819	-	-	-
APTD	-	$1,143	$71,411	-	$13,167	-
MEAN LENGTH OF STAY	-	188.7	71.2	-	36.5	-
OAA	-	231.0	77.5	-	40.4	-
AB	-	-	126.5	-	-	-
APTD	-	62.0	51.7	-	34.8	-

1* AN INDIVIDUAL MAY APPEAR SEVERAL TIMES IN A ROW (HE SEES MULTIPLE PROVIDERS), AND MAY APPEAR MORE THAN ONCE IN EACH COLUMN IF HE CHANGED PROGRAMS DURING THE YEAR.

FIGURE 6: UNITS OF LONG-TERM CARE SERVICES FOR SELECTED MEDICAID ELIGIBLES BY PROVIDER TYPE FOR WASHINGTON DURING 1973 (CATEGORICALLY NEEDY)[1]

PROVIDER AND OWNERSHIP	BASIS OF PROGRAM ELIGIBILITY OAA	AB	APTD
PUBLIC:			
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
SNFS	-	-	-
HOME HEALTH PROVIDERS	-	-	-
VOLUNTARY:			
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	9,957	334	2,145
MENTAL	-	-	-
OTHER	9,957	334	2,145
SNFS	150,372	224	12,286
HOME HEALTH PROVIDERS	-	-	-
PROPRIETARY:			
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	81,179	2,079	162,575
MENTAL	-	-	-
OTHER	81,179	2,079	162,575
SNFS	1,146,665	8,724	288,938
HOME HEALTH PROVIDERS	-	-	-
OUT-OF-STATE[2]	-	-	-

1* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS, AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS.

2* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 6: UNITS OF LONG-TERM CARE SERVICES FOR SELECTED MEDICAID ELIGIBLES BY PROVIDER TYPE FOR WASHINGTON DURING 1974 (CATEGORICALLY NEEDY)[1]

PROVIDER AND OWNERSHIP	BASIS OF PROGRAM ELIGIBILITY OAA	AB	APTD
PUBLIC:			
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
SNFS	11,586	29	3,225
HOME HEALTH PROVIDERS	-	-	-
VOLUNTARY:			
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	19,323	264	3,658
MENTAL	-	-	-
OTHER	19,323	264	3,658
SNFS	189,888	183	14,531
HOME HEALTH PROVIDERS	-	-	-
PROPRIETARY:			
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	67,732	1,493	89,438
MENTAL	-	-	-
OTHER	67,732	1,493	89,438
SNFS	1,415,046	8,466	348,398
HOME HEALTH PROVIDERS	-	-	-
OUT-OF-STATE[2]	-	-	-

1* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS, AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS.

2* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 6: UNITS OF LONG-TERM CARE SERVICES FOR SELECTED MEDICAID ELIGIBLES BY PROVIDER TYPE FOR WASHINGTON DURING 1973 (MEDICALLY NEEDY)[1]

PROVIDER AND OWNERSHIP	BASIS OF PROGRAM ELIGIBILITY OAA	AB	APTD
PUBLIC:			
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
SNFS	-	-	-
HOME HEALTH PROVIDERS	-	-	-
VOLUNTARY:			
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	15	-	23
MENTAL	-	-	-
OTHER	15	-	23
SNFS	396	-	86
HOME HEALTH PROVIDERS	-	-	-
PROPRIETARY:			
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	341	-	434
MENTAL	-	-	-
OTHER	341	-	434
SNFS	5,250	-	2,216
HOME HEALTH PROVIDERS	-	-	-
OUT-OF-STATE[2]	-	-	-

1* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS, AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS.

2* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 6: UNITS OF LONG-TERM CARE SERVICES FOR SELECTED MEDICAID ELIGIBLES BY PROVIDER TYPE FOR WASHINGTON DURING 1974 (MEDICALLY NEEDY)[1]

PROVIDER AND OWNERSHIP	BASIS OF PROGRAM ELIGIBILITY OAA	AB	APTD
PUBLIC:			
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
SNFS	61	-	20
HOME HEALTH PROVIDERS	-	-	-
VOLUNTARY:			
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	-	-	26
MENTAL	-	-	-
OTHER	-	-	26
SNFS	1,095	-	309
HOME HEALTH PROVIDERS	-	-	-
PROPRIETARY:			
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	307	-	403
MENTAL	-	-	-
OTHER	307	-	403
SNFS	12,818	16	3,097
HOME HEALTH PROVIDERS	-	-	-
OUT-OF-STATE[2]	-	-	-

1* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS, AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS.

2* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 7: MEDICAID EXPENDITURES FOR LONG-TERM CARE SERVICES BY PROVIDER TYPE FOR SELECTED MEDICAID ELIGIBLES FOR WASHINGTON DURING 1973 (CATEGORICALLY NEEDY)

PROVIDER AND OWNERSHIP	BASIS OF PROGRAM ELIGIBILITY OAA	AB	APTD
PUBLIC:	-	-	-
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
SNFS	-	-	-
HOME HEALTH PROVIDERS	-	-	-
VOLUNTARY:	$1,570,531	$4,773	$154,162
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	$104,007	$2,266	$19,955
MENTAL	-	-	-
OTHER	$104,007	$2,266	$19,955
SNFS	$1,466,523	$2,506	$134,207
HOME HEALTH PROVIDERS	-	-	-
PROPRIETARY:	$12,209,664	$108,915	$4,392,743
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	$773,917	$17,024	$1,338,245
MENTAL	-	-	-
OTHER	$773,917	$17,024	$1,338,245
SNFS	$11,435,751	$91,890	$3,054,498
HOME HEALTH PROVIDERS	-	-	-
OUT-OF-STATE[1]	-	-	-

1* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 7: MEDICAID EXPENDITURES FOR LONG-TERM CARE SERVICES BY PROVIDER TYPE FOR SELECTED MEDICAID ELIGIBLES FOR WASHINGTON DURING 1974 (CATEGORICALLY NEEDY)

PROVIDER AND OWNERSHIP	BASIS OF PROGRAM ELIGIBILITY OAA	AB	APTD
PUBLIC:	$163,373	$365	$45,871
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
SNFS	$163,373	$365	$45,871
HOME HEALTH PROVIDERS	-	-	-
VOLUNTARY:	$2,312,206	$4,869	$210,421
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	$183,730	$2,809	$35,769
MENTAL	-	-	-
OTHER	$183,730	$2,809	$35,769
SNFS	$2,128,475	$2,059	$174,652
HOME HEALTH PROVIDERS	-	-	-
PROPRIETARY:	$16,925,683	$124,042	$5,323,016
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	$642,166	$15,189	$860,729
MENTAL	-	-	-
OTHER	$642,166	$15,189	$860,729
SNFS	$16,283,517	$108,853	$4,462,287
HOME HEALTH PROVIDERS	-	-	-
OUT-OF-STATE	-	-	-

1* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 7: MEDICAID EXPENDITURES FOR LONG-TERM CARE SERVICES BY PROVIDER TYPE FOR SELECTED MEDICAID ELIGIBLES FOR WASHINGTON DURING 1973 (MEDICALLY NEEDY)

PROVIDER AND OWNERSHIP	BASIS OF PROGRAM ELIGIBILITY OAA	AB	APTD
PUBLIC:	-	-	-
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
SNFS	-	-	-
HOME HEALTH PROVIDERS	-	-	-
VOLUNTARY:	$5,222	-	$1,146
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	$172	-	$157
MENTAL	-	-	-
OTHER	$172	-	$157
SNFS	$5,049	-	$989
HOME HEALTH PROVIDERS	-	-	-
PROPRIETARY:	$60,591	-	$27,218
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	$2,525	-	$3,146
MENTAL	-	-	-
OTHER	$2,525	-	$3,146
SNFS	$58,065	-	$24,071
HOME HEALTH PROVIDERS	-	-	-
OUT-OF-STATE[1]	-	-	-

1* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 7: MEDICAID EXPENDITURES FOR LONG-TERM CARE SERVICES BY PROVIDER TYPE FOR SELECTED MEDICAID ELIGIBLES FOR WASHINGTON DURING 1974 (MEDICALLY NEEDY)

PROVIDER AND OWNERSHIP	BASIS OF PROGRAM ELIGIBILITY OAA	AB	APTD
PUBLIC:	$905	-	$306
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
SNFS	$905	-	$306
HOME HEALTH PROVIDERS	-	-	-
VOLUNTARY:	$11,904	-	$2,934
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	-	-	$210
MENTAL	-	-	-
OTHER	-	-	$210
SNFS	$11,904	-	$3,144
HOME HEALTH PROVIDERS	-	-	-
PROPRIETARY:	$153,123	$235	$46,209
LONG TERM HOSPITALS	-	-	-
MENTAL	-	-	-
OTHER	-	-	-
ALL ICFS	$3,091	-	$3,810
MENTAL	-	-	-
OTHER	$3,091	-	$3,810
SNFS	$150,031	$235	$42,398
HOME HEALTH PROVIDERS	-	-	-
OUT-OF-STATE[1]	-	-	-

1* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 8: UNITS OF LONG TERM CARE SERVICES FOR SELECTED MEDICAID ELIGIBLES BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR WASHINGTON DURING 1973 (CATEGORICALLY NEEDY)[1]

PROVIDER AND OWNERSHIP	WHITE MALES			WHITE FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
SNFS	-	-	-	-	-	-
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	475	2,773	-	1,243	4,534
MENTAL	-	-	-	-	-	-
OTHER	-	475	2,773	-	1,243	4,534
SNFS	70	2,538	17,813	841	4,124	76,731
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	3,544	59,143	25,429	1,544	43,255	35,813
MENTAL	-	-	-	-	-	-
OTHER	3,544	59,143	25,429	1,544	43,255	35,813
SNFS	2,571	78,369	206,937	8,652	94,262	592,987
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[2]	-	-	-	-	-	-

1* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS, AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS.

2* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

CONT. FIGURE 8: UNITS OF LONG TERM CARE SERVICES FOR SELECTED MEDICAID ELIGIBLES BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR WASHINGTON DURING 1973 (CATEGORICALLY NEEDY)[1]

PROVIDER AND OWNERSHIP	OTHER MALES			OTHER FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
SNFS	-	-	-	-	-	-
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	100	34	-	20	-
MENTAL	-	-	-	-	-	-
OTHER	-	100	34	-	20	-
SNFS	-	503	219	-	272	319
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	40	5,096	1,942	146	3,344	803
MENTAL	-	-	-	-	-	-
OTHER	40	5,096	1,942	146	3,344	803
SNFS	439	6,219	11,497	510	5,860	13,654
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[2]	-	-	-	-	-	-

1* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS, AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS.

2* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 8: UNITS OF LONG TERM CARE SERVICES FOR SELECTED MEDICAID ELIGIBLES BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR WASHINGTON DURING 1974 (CATEGORICALLY NEEDY)[1]

PROVIDER AND OWNERSHIP	WHITE MALES UNDER 22	WHITE MALES 22-64	WHITE MALES OVER 64	WHITE FEMALES UNDER 22	WHITE FEMALES 22-64	WHITE FEMALES OVER 64
PUBLIC:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
SNFS	-	1,328	5,291	-	1,152	5,365
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	1,252	4,780	-	1,405	8,311
MENTAL	-	-	-	-	-	-
OTHER	-	1,252	4,780	-	1,405	8,311
SNFS	146	3,777	24,768	628	6,626	103,782
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	2,340	34,709	22,443	1,086	26,453	29,416
MENTAL	-	-	-	-	-	-
OTHER	2,340	34,709	22,443	1,086	26,453	29,416
SNFS	4,888	110,129	294,588	6,809	129,105	776,016
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[2]	-	-	-	-	-	-

1* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS, AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS.

2* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

CONT. FIGURE 8: UNITS OF LONG TERM CARE SERVICES FOR SELECTED MEDICAID ELIGIBLES BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR WASHINGTON DURING 1974 (CATEGORICALLY NEEDY)[1]

PROVIDER AND OWNERSHIP	OTHER MALES			OTHER FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
SNFS	-	114	-	-	118	-
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	-	336	-	-	130
MENTAL	-	-	-	-	-	-
OTHER	-	-	336	-	-	130
SNFS	-	495	241	-	198	764
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	2,782	1,909	-	1,566	666
MENTAL	-	-	-	-	-	-
OTHER	-	2,782	1,909	-	1,566	666
SNFS	396	8,745	14,131	458	8,055	18,066
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[2]	-	-	-	-	-	-

1* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS, AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS.

2* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 8: UNITS OF LONG TERM CARE SERVICES FOR SELECTED MEDICAID ELIGIBLES BY PROVIDER TYPE[1]

AND RECIPIENT CHARACTERISTICS FOR WASHINGTON DURING 1973 (MEDICALLY NEEDY)

PROVIDER AND OWNERSHIP	WHITE MALES			WHITE FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
SNFS	-	-	-	-	-	-
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	-	15	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	15	-	-	-
SNFS	-	65	127	-	3	203
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	182	17	-	70	296
MENTAL	-	-	-	-	-	-
OTHER	-	182	17	-	70	296
SNFS	4	642	2,078	-	714	2,305
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[2]	-	-	-	-	-	-

1* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS, AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS.

2*. EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

CONT. FIGURE 8: UNITS OF LONG TERM CARE SERVICES FOR SELECTED MEDICAID ELIGIBLES BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR WASHINGTON DURING 1973 (MEDICALLY NEEDY)[1]

PROVIDER AND OWNERSHIP	OTHER MALES			OTHER FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
SNFS	-	-	-	-	-	-
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
SNFS	-	-	6	-	12	24
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	32	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	32	-	-	-	-
SNFS	-	103	107	-	216	10
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[2]	-	-	-	-	-	-

1* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS, AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS.

2* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 8: UNITS OF LONG TERM CARE SERVICES FOR SELECTED MEDICAID ELIGIBLES BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR WASHINGTON DURING 1974 (MEDICALLY NEEDY)[1]

PROVIDER AND OWNERSHIP	WHITE MALES			WHITE FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
SNFS	-	6	-	-	-	61
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	-	-	-	26	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	26	-
SNFS	-	282	287	-	27	758
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	71	75	-	195	200
MENTAL	-	-	-	-	-	-
OTHER	-	71	75	-	195	200
SNFS	-	1,426	4,894	-	821	6,159
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[2]	-	-	-	-	-	-

1* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS, AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS.

2* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

CONT. FIGURE A: UNITS OF LONG TERM CARE SERVICES FOR SELECTED MEDICAID ELIGIBLES BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR WASHINGTON DURING 1974 (MEDICALLY NEEDY)[1]

PROVIDER AND OWNERSHIP	OTHER MALES			OTHER FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
SNFS	-	14	-	-	-	-
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
SNFS	-	-	-	-	-	-
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:						
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	29	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	29	-	-	-	-
SNFS	-	123	462	-	25	211
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[2]	-	-	-	-	-	-

1* UTILIZATION IS EXPRESSED AS PATIENT-DAYS FOR HOSPITALS, SNFS, AND ICFS, AND AS VISITS FOR HOME HEALTH PROVIDERS.

2* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 9: MEDICAID EXPENDITURES FOR LONG-TERM CARE SERVICES ON BEHALF OF SELECTED ELIGIBLES (OAA, AB, APTD) BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR WASHINGTON DURING 1973 (CATEGORICALLY NEEDY)

PROVIDER AND OWNERSHIP	WHITE MALES			WHITE FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:	-	-	-	-	-	-
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
SNFS	-	-	-	-	-	-
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:	$723	$33,288	$209,527	$9,802	$57,484	$790,722
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	$4,665	$30,461	-	$10,145	$48,801
MENTAL	-	-	-	-	-	-
OTHER	-	$4,665	$30,461	-	$10,145	$48,801
SNFS	$723	$28,623	$179,066	$9,802	$47,338	$741,920
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:	$55,113	$1,330,263	$2,319,606	$107,770	$1,354,013	$6,249,674
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	$26,271	$495,788	$242,755	$12,490	$361,523	$331,787
MENTAL	-	-	-	-	-	-
OTHER	$26,271	$495,788	$242,755	$12,490	$361,523	$331,787
SNFS	$28,842	$834,475	$2,076,850	$95,280	$992,490	$5,917,886
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[1]	-	-	-	-	-	-

1* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

CONT. FIGURE 4: MEDICAID EXPENDITURES FOR LONG-TERM CARE[1] SERVICES ON BEHALF OF SELECTED ELIGIBLES (OAA, AB, APTD) BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR WASHINGTON DURING 1973 (CATEGORICALLY NEEDY)

PROVIDER AND OWNERSHIP	OTHER MALES			OTHER FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:	-	-	-	-	-	-
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
SNFS	-	-	-	-	-	-
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:	-	$5,850	$3,836	-	$3,311	$3,488
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	$718	$1,168	-	$136	-
MENTAL	-	-	-	-	-	-
OTHER	-	$718	$1,168	-	$136	-
SNFS	-	$5,132	$2,667	-	$3,174	$3,488
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:	$5,887	$102,035	$133,035	$5,902	$87,132	$152,613
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	$589	$38,028	$18,562	$1,027	$25,421	$7,534
MENTAL	-	-	-	-	-	-
OTHER	$589	$38,028	$18,562	$1,027	$25,421	$7,534
SNFS	$5,297	$64,007	$114,473	$4,874	$61,710	$145,078
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE	-	-	-	-	-	-

1* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 9: MEDICAID EXPENDITURES FOR LONG-TERM CARE SERVICES ON BEHALF OF SELECTED ELIGIBLES (OAA, AB, APTD) BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR WASHINGTON DURING 1974 (CATEGORICALLY NEEDY)

PROVIDER AND OWNERSHIP	WHITE MALES			WHITE FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:	-	$19,087	$71,483	-	$17,056	$77,883
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
SNFS	-	$19,087	$71,483	-	$17,056	$77,883
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:	$1,420	$51,484	$314,011	$8,112	$95,230	$1,249,594
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	$12,780	$48,115	-	$12,910	$77,146
MENTAL	-	-	-	-	-	-
OTHER	-	$12,780	$48,115	-	$12,910	$77,146
SNFS	$1,420	$38,704	$265,895	$8,112	$82,319	$1,172,447
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:	$90,590	$1,711,950	$3,526,771	$100,278	$1,913,147	$9,198,719
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	$22,055	$338,944	$217,286	$9,294	$253,122	$274,226
MENTAL	-	-	-	-	-	-
OTHER	$22,055	$338,944	$217,286	$9,294	$253,122	$274,226
SNFS	$68,534	$1,373,006	$3,309,485	$90,984	$1,660,024	$8,924,492
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[1]	-	-	-	-	-	-

1* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

CONT. FIGURE 9: MEDICAID EXPENDITURES FOR LONG-TERM CARE SERVICES ON BEHALF OF SELECTED ELIGIBLES (OAA, AB, APTD) BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR WASHINGTON DURING 1974 (CATEGORICALLY NEEDY)

PROVIDER AND OWNERSHIP	OTHER MALES			OTHER FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:	-	$1,664	-	-	$1,803	-
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
SNFS	-	$1,664	-	-	$1,80[illegible]	-
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:	-	$6,717	$6,049	-	$2,534	$9,812
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	-	$3,197	-	-	$1,456
MENTAL	-	-	-	-	-	-
OTHER	-	-	$3,197	-	-	$1,456
SNFS	-	$6,717	$2,852	-	$2,534	$8,356
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:	$6,282	$138,725	$179,264	$5,578	$120,829	$238,877
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	$26,601	$16,291	-	$15,278	$6,432
MENTAL	-	-	-	-	-	-
OTHER	-	$26,601	$16,291	-	$15,278	$6,432
SNFS	$6,282	$112,123	$162,973	$5,578	$105,551	$232,444
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[1]	-	-	-	-	-	-

1* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 9: MEDICAID EXPENDITURES FOR LONG-TERM CARE SERVICES ON BEHALF OF SELECTED ELIGIBLES (OAA, AB, APTD) BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR WASHINGTON DURING 1973 (MEDICALLY NEEDY)

PROVIDER AND OWNERSHIP	WHITE MALES			WHITE FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:	-	-	-	-	-	-
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
SNFS	-	-	-	-	-	-
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:	-	$769	$2,183	-	$24	$2,304
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	-	$107	-	-	$64
MENTAL	-	-	-	-	-	-
OTHER	-	-	$107	-	-	$64
SNFS	-	$769	$2,076	-	$24	$2,239
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:	$85	$8,434	$22,631	-	$7,422	$28,009
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	$1,315	$223	-	$510	$1,978
MENTAL	-	-	-	-	-	-
OTHER	-	$1,315	$223	-	$510	$1,978
SNFS	$85	$7,118	$22,407	-	$6,912	$26,030
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[1]	-	-	-	-	-	-

1* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

CONT. FIGURE 9: MEDICAID EXPENDITURES FOR LONG-TERM CARE SERVICES ON BEHALF OF SELECTED ELIGIBLES (OAA, AB, APTD) BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR WASHINGTON DURING 1973 (MEDICALLY NEEDY)

PROVIDER AND OWNERSHIP	OTHER MALES			OTHER FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:	-	-	-	-	-	-
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
SNFS	-	-	-	-	-	-
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:	-	-	$57	-	$122	$293
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
SNFS	-	-	$57	-	$122	$293
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:	-	$1,460	$1,163	-	$2,492	$109
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	$215	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	$215	-	-	-	-
SNFS	-	$1,245	$1,163	-	$2,492	$109
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[1]	-	-	-	-	-	-

1* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 9: MEDICAID EXPENDITURES FOR LONG-TERM CARE SERVICES ON BEHALF OF SELECTED ELIGIBLES (OAA, AB, APTD) BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR WASHINGTON DURING 1974 (MEDICALLY NEEDY)

PROVIDER AND OWNERSHIP	WHITE MALES UNDER 22	WHITE MALES 22-64	WHITE MALES OVER 64	WHITE FEMALES UNDER 22	WHITE FEMALES 22-64	WHITE FEMALES OVER 64
PUBLIC:	-	$97	-	-	-	$905
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
SNFS	-	$97	-	-	-	$905
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:	-	$2,698	$3,313	-	$656	$8,010
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	-	-	-	$210	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	$210	-
SNFS	-	$2,698	$3,313	-	$446	$8,010
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:	-	$19,792	$56,347	-	$13,304	$75,785
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	$736	$635	-	$1,733	$2,145
MENTAL	-	-	-	-	-	-
OTHER	-	$736	$635	-	$1,733	$2,145
SNFS	-	$19,056	$55,711	-	$11,571	$73,639
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[1]	-	-	-	-	-	-

1* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

CONT. FIGURE 9: MEDICAID EXPENDITURES FOR LONG-TERM CARE SERVICES ON BEHALF OF SELECTED ELIGIBLES (OAA, AB, APTD) BY PROVIDER TYPE AND RECIPIENT CHARACTERISTICS FOR WASHINGTON DURING 1974 (MEDICALLY NEEDY)

PROVIDER AND OWNERSHIP	OTHER MALES			OTHER FEMALES		
	UNDER 22	22-64	OVER 64	UNDER 22	22-64	OVER 64
PUBLIC:	-	$208	-	-	-	-
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
SNFS	-	$208	-	-	-	-
HOME HEALTH PROVIDERS	-	-	-	-	-	-
VOLUNTARY:	-	-	-	-	-	-
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
SNFS	-	-	-	-	-	-
HOME HEALTH PROVIDERS	-	-	-	-	-	-
PROPRIETARY:	-	$2,077	$6,493	-	$362	$2,297
LONG TERM HOSPITALS	-	-	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	-	-	-	-	-
ALL ICFS	-	$343	-	-	-	-
MENTAL	-	-	-	-	-	-
OTHER	-	$343	-	-	-	-
SNFS	-	$1,734	$6,493	-	$362	$2,297
HOME HEALTH PROVIDERS	-	-	-	-	-	-
OUT-OF-STATE[1]	-	-	-	-	-	-

1* EXCLUDES SERVICES PROVIDED BY HOME HEALTH PROVIDERS.

FIGURE 10: UTILIZATION AND EXPENDITURES FOR MEDICAID SERVICES IN 1973 ON BEHALF OF SELECTED 1974 MEDICAID ELIGIBLES FOR WASHINGTON (CATEGORICALLY NEEDY)

UTILIZATION OF SERVICES IN 1973 BY 1974 ELIGIBLES	LONG TERM HOSPITALS		SNF	ICF SERVICES		HOME HEALTH	NO SERVICES RECEIVED IN 1973
	OTHER	MENTAL	SERVICES	MENTAL	OTHER	SERVICES	
NUMBER OF 1974 MEDICAID ELIGIBLES RECEIVING SERVICES DURING 1973[1]	-	354	12,234	-	3,664	-	43,226
UNITS OF SERVICE RECEIVED DURING 1973 BY 1974 MEDICAID ELIGIBLES	-	118,427	1,429,903	-	289,505	-	
MEDICAID EXPENDITURES IN 1973 FOR SERVICES RECEIVED BY 1974 MEDICAID ELIGIBLES	-	$1,867,261	$14,511,033	-	$2,517,538	-	

1* AN INDIVIDUAL MAY APPEAR SEVERAL TIMES IN THIS ROW IF HE SEES MULTIPLE PROVIDERS.

FIGURE 10: UTILIZATION AND EXPENDITURES FOR MEDICAID SERVICES IN 1973 ON BEHALF OF SELECTED 1974 MEDICAID ELIGIBLES FOR WASHINGTON (MEDICALLY NEEDY)

UTILIZATION OF SERVICES IN 1973 BY 1974 ELIGIBLES	LONG TERM HOSPITALS		SNF	ICF SERVICES		HOME HEALTH	NO SERVICES RECEIVED
	OTHER	MENTAL	SERVICES	MENTAL	OTHER	SERVICES	IN 1973
NUMBER OF 1974 MEDICAID ELIGIBLES RECEIVING SERVICES DURING 1973[1]	-	3	195	-	73	-	7,705
UNITS OF SERVICE RECEIVED DURING 1973 BY 1974 MEDICAID ELIGIBLES	-	547	7,536	-	2,249	-	
MEDICAID EXPENDITURES IN 1973 FOR SERVICES RECEIVED BY 1974 MEDICAID ELIGIBLES	-	$10,599	$78,061	-	$21,778	-	

1* AN INDIVIDUAL MAY APPEAR SEVERAL TIMES IN THIS ROW IF HE SEES MULTIPLE PROVIDERS.

FIGURE 11: BASIS OF PROGRAM ELIGIBILITY FOR MEDICAID IN 1973 FOR SELECTED CATEGORIES OF THE 1974 MEDICAID ELIGIBLE POPULATION FOR WASHINGTON

BASIS OF ELIGIBILITY IN DECEMBER 1974	BASIS OF ELIGIBILITY IN DECEMBER 1973						
	CATEGORICALLY NEEDY			MEDICALLY NEEDY			NOT ELIGIBLE FOR OAA, AB, APTD PROGRAMS IN DEC 1973
	OAA	AB	APTD	OAA	AB	APTD	
CATEGORICALLY NEEDY							
OAA	24,892	1	474	-	-	13	6,404
AB	-	544	6	-	-	-	147
APTD	6	-	28,100	-	-	-	9,602
MEDICALLY NEEDY							
OAA	-	-	1	2,461	-	31	1,785
AB	-	-	-	-	25	1	11
APTD	2	-	-	-	-	1,394	1,356
NOT ELIGIBLE FOR OAA, AB, APTD PROGRAMS IN DEC 1974	4,395	61	4,557	681	9	637	-

FIGURE 12: LONG TERM CARE UTILIZATION AND EXPENDITURES UNDER MEDICAID ON BEHALF OF SELECTED ELIGIBLES BY QUARTER AND BY TYPE OF SERVICE FOR WASHINGTON DURING 1974 (CATEGORICALLY NEEDY)

MEDICAID UTILIZATION AND EXPENDITURES DURING 1974 FOR AGED, BLIND, AND DISABLED	LONG TERM HOSPITALS		SKILLED NURSING FACILITIES	INTERMEDIATE CARE FACILITIES		HOME HEALTH SERVICES
	OTHER	MENTAL		MENTAL	OTHER	
UTILIZATION OF SERVICES[1,2]						
JANUARY - MARCH	-	24,491	1,456	-	340	-
APRIL - JUNE	-	22,821	321,302	-	59,168	-
JULY - SEPTEMBER	-	8,523	1,096,185	-	150,738	-
OCTOBER - DECEMBER	-	-	730,687	-	73,951	-
MEDICAID EXPENDITURES[2]						
JANUARY - MARCH	-	$396,702	$25,180	-	$3,642	-
APRIL - JUNE	-	$361,076	$3,179,756	-	$520,424	-
JULY - SEPTEMBER	-	$125,217	$3,183,521	-	$1,420,475	-
OCTOBER - DECEMBER	-	-	$8,835,546	-	$720,056	-

1* UTILIZATION IS EXPRESSED IN PATIENT-DAYS FOR HOSPITALS, SNF'S, AND ICF'S, AND IN VISITS FOR HOME HEALTH SERVICES.

2* INCLUDES SERVICES AND EXPENDITURES FOR IN-STATE PROVIDERS ONLY.

FIGURE 12: LONG TERM CARE UTILIZATION AND EXPENDITURES UNDER MEDICAID ON BEHALF OF SELECTED ELIGIBLES BY QUARTER AND BY TYPE OF SERVICE FOR WASHINGTON DURING 1974 (MEDICALLY NEEDY)

MEDICAID UTILIZATION AND EXPENDITURES DURING 1974 FOR AGED, BLIND, AND DISABLED	LONG TERM HOSPITALS		SKILLED NURSING FACILITIES	INTERMEDIATE CARE FACILITIES		HOME HEALTH SERVICES
	OTHER	MENTAL		MENTAL	OTHER	
UTILIZATION OF SERVICES[1,2]						
JANUARY - MARCH	-	-	79	-	-	-
APRIL - JUNE	-	122	1,849	-	111	-
JULY - SEPTEMBER	-	-	7,633	-	412	-
OCTOBER - DECEMBER	-	-	7,015	-	269	-
MEDICAID EXPENDITURES[2]						
JANUARY - MARCH	-	-	$844	-	-	-
APRIL - JUNE	-	$2,628	$16,947	-	$1,093	-
JULY - SEPTEMBER	-	-	$90,089	-	$5,213	-
OCTOBER - DECEMBER	-	-	$85,333	-	$3,035	-

1* UTILIZATION IS EXPRESSED IN PATIENT-DAYS FOR HOSPITALS, SNF'S, AND ICF'S, AND IN VISITS FOR HOME HEALTH SERVICES.

2* INCLUDES SERVICES AND EXPENDITURES FOR IN-STATE PROVIDERS ONLY.

TECHNICAL NOTES

TABLE A.1: CHARACTERISTICS OF MEDICAID ELIGIBILITY, CLAIMS, AND PROVIDER DATA BY STATE IN 1973 AND 1974.

STATE \ DATA CHARACTERISTIC[2]	Eligibility[1]				Claims[1]					Providers[1]				
	Non-unique Individual ID#	Eligibility Period Not Indicated	Race/Sex Identifier Not Available	Eligibility File Incomplete	1975 Claim Data Not Available	Utilization Estimated	Adjustments Not Distinguishable	Payment Amount Estimated	Claims File Incomplete	Facility Ownership Not Identifiable	Home Health Providers Not Identified	Ownership of Home Health Providers Not Identified	Home Health Not Included	ICF for Mentally Retarded Not Available
Mississippi	-	-	-	-	*	*	*	-	-	-	-	-	-	-
Oklahoma	3%	-	-	-	-	-	-	5%	-	-	-	-	-	-
New Mexico	-	5%	75%	-	-	-	*	-	-	-	-	*	-	-
North Dakota	-	-	-	*	-	*	*	-	4%	-	*	-	-	-
Tennessee	-	-	-	-	-	*	*	-	2%	2.5%	*	-	-	-
Alabama	-	-	-	-	-	-	*	-	15%	-	*	-	-	-
South Carolina	*	-	-	-	-	*	-	-	-	-	-	-	-	-
Kentucky	-	-	-	-	-	-	*	-	2%	-	-	*	-	-
Michigan	-	-	-	-	-	*	*	-	-	-	-	-	*	-
Washington	5%	-	-	-	-	-	*	-	-	11%	-	-	*	*

1/ Cell entries are estimates of the percent of total records affected by the characteristic. An asterisk (*) indicates that a negligible number, certainly less than 1%, of the relevant records are affected. A dash (-) indicates that none of the relevant records are affected.

2/ Descriptions of Data Characteristics are provided on p. A.378.

DESCRIPTIONS OF DATA CHARACTERISTICS

The data characteristics listed on Table A.1 are described below. Descriptions of the data received from each State are included.

Non-unique Individual ID# - In one State, individual identification numbers refer to multiple individuals. In two others, several identification numbers may refer to a single individual.

Eligibility Period Not Indicated - The closing date of each eligibility period was not indicated in some records.

Race/Sex Identifier Not Available - The sex and race of many eligible persons were not indicated on the records of one State.

Eligibility File Incomplete - One State's eligibility file does not contain eligibility records for the entire 24-month period that was studied.

1975 Claim Data Not Available - Claims paid in 1975 for services performed in 1974 were not included in one State's files.

Utilization Estimated - Units of service were not always present on the claim records from some States. Utilization (patient days) for those claims was estimated, using the beginning and ending dates of service.

Adjustments Not Distinguishable - In some States, records of claims for services were not distinguishable from records used to adjust utilization or expenditure figures on the files.

Payment Amount Estimated - In some cases, the total payment for a service was not included on the claim record. For those records, the total payment was estimated, using the number of service units and the average per unit charge.

Claims File Incomplete - Some States' claim files did not contain claim records for the entire 24-month period of 1973 and 1974.

Facility Ownership Not Identifiable - In some States, the ownership of certain long-term care facilities was not identified.

Home Health Providers Not Identified - In some States, the providers of home health services were not individually identified.

Ownership of Home Health Providers Not Identified - The ownership/control category of home health providers was not available in some States.

Home Health Not Included - Claims for home health services were not included on the claim files for other long-term care services in some States.

ICF for Mentally Retarded Not Available - Claims for services provided in ICFs for the Mentally Retarded were not included on the claim file for other long-term care services in one State.

STATE DATA DESCRIPTIONS

The Medicaid data on claims, eligibility, and providers possessed certain unique characteristics in each of the ten States in this study. The characteristics of each State's data are indicated on Table A.1 (p. A.377). The following descriptions of each State's Medicaid data provide further explanations of the characteristics which are indicated on the table. The descriptions are presented in the order in which the States are listed on the table.

Mississippi

The Mississippi Medicaid program provided coverage to categorically needy individuals in 1973 and 1974, and tabulations are presented only for that need category. All claims for services received and reimbursed during 1973 and 1974 were tabulated. Utilization (patient days) was calculated as the difference between the date of admission and the date of discharge for all institutional claims. On over 99 percent of the institutional claims, both date fields were usable, and utiliization and expenditure data were tabulated for them.

Positive and negative adjustment claims for both utilization and expenditures were present on the files. These adjustments were included in the tabulations with no further modification, except that institutional claims which averaged $5 per day or less were used to adjust expenditures.

Oklahoma

Although the Oklahoma Medicaid program provided coverage to both the categorically and medically needy in 1973 and 1974, only data on the categorically needy were available and were tabulated. Claims for services received in 1974, and reimbursed in January, February, and March of 1975 were included in the tabulations for 1974.

The total payment amount for institutional long-term care services was calculated for 1973 and 1974. The per diem reimbursement rates were provided for the nine classes of long-term care facilities in the State, and the total payment for each claim was calculated using the appropriate rate for the facility and the number of patient days. Since long-term care facilities in Oklahoma may have changed rate categories within a year, and since our classification of facilities represented the actual classification at one point during each year, the expenditure figures which were calculated may not be completely accurate. However, the shifting of facility classifications during the year caused a maximum estimated error of 5 percent in the total utilization and expenditure figures for each facility type.

Birthdates of individuals were used to uniquely identify persons within families. Approximately 97 percent of the claim records contained usable birthdate fields, which allowed the claim data to be included in the tabulations.

New Mexico

The New Mexico Medicaid program provided coverage to the categorically needy in 1973 and 1974, so the tabulated data reflect utilization and expenditures only for the categorically needy. Claims for services received in 1974, and reimbursed in January, February, or March of 1975 were included in the tabulations for 1974. The ownership category of home health providers was not available, but tabulations that did not require ownership include home health services. Over 99 percent of all claims for Medicaid services were unaffected by this absence of provider ownership type.

Identification of the recipient's sex, race, and eligibility period was required for the inclusion of eligibility and claim data in several figures. Accordingly, the data in Figures 8 and

9 represent approximately 20 percent of the eligible population, for whom race/sex and eligibility period data were available. Figures 1-3 present data for approximately 25 percent of the eligible population, for whom race/sex data were available. Figures 5-7, 10, and 12 contain data for approximately 95 percent of the population of Medicaid-eligible persons, for whom eligibility period data were complete.

Positive and negative adjustments were present on the file for each provider type. These adjustments were tabulated with the claims for service, except that institutional claims which averaged $5 per patient day or less were considered expenditure adjustments only, in which case the expenditure adjustment was made in the indicated amount and direction.

North Dakota

The North Dakota Medicaid program provided coverage for both categorically and medically needy persons in 1973 and 1974; data were tabulated for both need categories for both years. Expenditure and utilization data from claims for services received in 1974, and paid in January and March of 1975 were included in the tabulations for 1974. The claim files used to produce the tabulations contained approximately 96 percent of the claims for over 99 percent of the Medicaid services that were received in 1973 and 1974. (Only claims for home health services submitted by county health departments were not included on the files.) Eligibility data were provided for 19 of the 24 months of interest in the study.

Utilization (patient days) was calculated as the difference between the date of admission and the date of discharge for all institutional claims. On over 99 percent of the institutional claims

present on the files, both date fields were usable, allowing tabulation of the data. Positive and negative adjustment records for both utilization and expenditures were present on the files. Adjustment claims were not distinguishable from service claims, so both types were included in the tabulations with one exception: institutional claims which averaged $5 per day or less were considered to be expenditure and not utilization adjustments, and only the expenditure modification was made in the specified amount and direction.

Tennessee

The Tennessee Medicaid program provided coverage for the categorically needy in 1973, and for both the categorically and medically needy in 1974. Three sets of tabulations were produced, corresponding to the need categories existing in each year. Claims for services received in 1974, and reimbursed in January or February of 1975 were included in the data tabulated for 1974. Approximately 98 percent of all claims for services received in 1973 and 1974 were included in the claim files received. Claims for services from long-term care facilities for which ownership status was available constituted approximately 97 percent of all institutional claims. Only utilization and expenditure data from those claims were tabulated wherever ownership status was required (Figures 4 and 6-9). All institutional claims were included in the tabulations wherever ownership status was not a requirement.

Utilization (patient days) was calculated as the difference between the date of admission and the date of discharge for all institutional claims. Both date fields were usable, and the utilization data were tabulated for approximately 99 percent of the records on the files. Expenditure data were tabulated for all institutional claims, however, to provide as much information as possible on long-term care facilities.

Adjustments in utilization and expenditures were included in the files and were not distinguishable from claims for services. Therefore, both expenditure and utilization data were tabulated for all claims with one exception: institutional claims that averaged $5 per day or less were considered to be only expenditure adjustments, and the expenditure modification was made in the appropriate amount and direction.

Alabama

The Alabama Medicaid program provided coverage for the categorically needy in 1973 and 1974, and data were tabulated for that need category for both years. Claims for services received in 1974, and reimbursed in January, February, or March of 1975 were included in the tabulations for 1974. Approximately 28 percent of the claims for home health services (those provided by private non-profit vendors) were included in the files, and were tabulated. Approximately 85 percent of the claims for institutional services received during 1973 and 1974 were present in the files, and were included in the tabulations.

Positive and negative adjustments in both utilization and expenditures were indistinguishable from claims for services on the claim file. Therefore, utilization and expenditures from both types of claim records were included in the tabulations, with one exception: institutional claims which averaged $5 per day or less were considered to be only expenditure adjustments, and the expenditure modification was included in the indicated amount and direction.

South Carolina

The South Carolina Medicaid program provided coverage to the categorically needy in 1973 and 1974, and data were tabulated for that need category for both years. Data from claims for services received in 1974 and reimbursed in January, February, and March of 1975 were included in the tabulations for 1974. Over 99 percent of the claims for services received in 1973 and 1974 were

included on the files provided by the South Carolina Medicaid agency. In addition, over 99 percent of the individuals included in the eligibility file could be uniquely identified using their individual identification numbers.

Utilization (patient days) was calculated as the difference between the date of admission and the date of discharge for each institutional claim. Both date fields were usable in over 99 percent of the institutional claim records, and utilization and expenditures were tabulated from those records. Positive and negative adjustments in utilization and expenditures were not distinguishable from claims for services on the claim file. Therefore, data from both types of records were included in the tabulations with one exception: institutional claims that averaged $5 per day or less were considered to be expenditure adjustments only, and the expenditure adjustments were made in the indicated amount and direction.

Kentucky

The Kentucky Medicaid program provided coverage to the categorically and medically needy in 1973 and 1974. Four sets of tabulations were performed, corresponding to both need categories in both years. Claims for services received in 1974, and reimbursed in January, February, or March of 1975 were tabulated with the data for 1974. Although a relatively long lag existed between the date of service and the date of payment for some long-term care claims, the files contained approximately 98 percent of the claims for services received in 1973 and 1974. The ownership types of the providers of over 99 percent of the long-term care services on the claims file were identifiable, so that the corresponding utilization and expenditure data were included in all the relevant figures. Home health services, for which type of ownership was not available, were tabulated wherever ownership status was not required.

Positive and negative adjustment claims for both utilization and expenditures were present on the files. The adjustments were tabulated with the claims for services with one exception: when institutional claims averaged $5 per day or less, no utilization adjustment was made, and the expenditure adjustment was made in the specified amount and direction.

Michigan

The Michigan Medicaid program provided coverage for both the categorically and the medically needy in 1973 and 1974. Tabulations were performed for both need categories for both years. Claims for services received in 1974, and reimbursed in January, February or March of 1975 were tabulated with the data for 1974. Although home health services were not included in the files, claims for over 99 percent of all long-term care services were included.

Utilization (patient days) was calculated as the difference between the date of admission and the date of discharge for all institutional claims. On over 99 percent of the claims, both date fields were usable, and the utilization and expenditure data were tabulated. Positive and negative adjustments to both utilization and expenditure data were included on the file. With one exception, the adjustments were included in the tabulations. When institutional claims averaged $5 per day or less, only the expenditure adjustment was made in the indicated amount and direction.

Washington

The Washington Medicaid program provided for coverage of the categorically and medically needy in 1973 and 1974. Tabulations were performed for both need categories for both years. The tabulations for 1974 contain data from claims that were paid in January, February, or March of 1975 for services received in 1974. Although claims for home health services and for services in ICFs for the mentally retarded were not included, the files contained

claims for over 99 percent of all long-term care services. The ownership category of approximately 89 percent of the long-term care facilities in the State was identifiable, and data from claims from those providers are tabulated on Figures 6-9.

Approximately 95 percent of the individuals eligible for Medicaid possessed single identification numbers on the claim and eligibility files. Therefore, it was possible to construct an accurate, unduplicated count of eligible persons. However, the unduplicated count of recipients of Medicaid services on Figures 3, 5, and 10 is inflated by approximately 5 percent. All eligibility and claim data for each individual were attributed to his most recent need category (categorically or medically needy) in the relevant year.

Positive and negative adjustment claims were included on the file with service claims. Both types of claims were tabulated with one exception. When institutional claims averaged $5 per day or less, only the expenditure adjustment was made in the indicated amount and direction.

DATA COLLECTION METHODOLOGY

Two types of information were collected and compiled regarding the Medicaid program in each study State: descriptive programmatic data, and computerized, quantitative information. Although the information on participating Medicaid providers was augmented from hard-copy information, the remainder of the data which were used to produce the tabulations in this Appendix were computerized. The assembly of the descriptive data is described in Volume II. The following is a brief description of the methodology employed in gathering the computerized information.

The initial selection of States as candidates for participation in the study sought a distribution based on the States' eligibility criteria, the presence of medically needy programs, the change in the eligible population, the payment of optional supplements, State versus Federal determination of Medicaid eligibility, and geographic location. The States' interest in participation was determined in conversations with the appropriate Regional representatives of HEW. Interested State representatives were contacted by telephone, and a meeting with administrative and data processing personnel was arranged. Prior to the meeting, letters were forwarded to officials in the State, describing the study and the requirements which would be placed on the State.

The meeting between Applied Management Sciences' staff and the State's representatives served to further describe the project and the State's role; to answer further questions the representatives may have had about the study; and to obtain detailed information on the State's Medicaid program and data processing system.

One of the frequently expressed concerns of the States' representatives was that of confidentiality. Applied Management Sciences' staff assured the States' representatives that there was no desire

(nor would there be any reason) to identify eligible persons, recipients, or providers, except through the use of a unique identification number. To completely eliminate the possibility of identifying individuals, the staff insisted that individuals' names and addresses be removed from all eligibility and claim records. Furthermore, wherever it was felt that the names and addresses of providers of services were confidential, they too were identified only with unique numbers. These activities allowed the preservation of confidentiality, and did not at all impair the performance of the study.

Another consideration required attention in each of the States: the scheduling of computer time sufficient to copy the requisite information. Both in States which processed their own data, and in those which contracted with other firms for this function, computer time was a scarce resource. Applied Management Sciences' staff planned their activities to accommodate the wishes of each State's data processing personnel (1) by scheduling computer time and assisting in copying the required data; (2) by requesting that the States' personnel copy the data at their convenience; or (3) a combination of (1) and (2).

As a guideline to determine the size, organization, structure, and contents of the Medicaid claim, eligibility, and provider files, a set of documents similar to those on p. A.391 were completed by our staff in cooperation with the State's data processing representatives. Complete file documentation was also requested, which was either furnished immediately or mailed to us.

On the basis of the file documentation and the information acquired during the meeting, a decision was made by Applied Management Sciences to formally request the State's participation in the study. Only one State was excluded as a result of this process. If the officials of a State agreed to participate, every effort

was made to minimize the burden placed on personnel at the State level. Upon receipt of a written agreement to participate from a State, we made arrangements to acquire the data. To minimize the State's burden, two basic alternatives were offered:

(1) Applied Management Sciences' staff would prepare the necessary software and provide on-site assistance in copying the appropriate data. (Four States chose this option.)

(2) The State's data processing personnel would write the required software and schedule machine time for copying at their convenience on tapes provided by us. (Six States chose this option or slight variations of it.)

During the process of acquiring the States' data and performing the tabulations, questions often arose concerning the files, procedures, structure, and content. In nearly every case, the States' data processing personnel were extremely helpful in providing the requested information in verbal or written form.

The following ten pages are copies of the documents used by Applied Management Sciences' staff in obtaining detailed information on each State's data processing system. The first three pages contain questions regarding the nature and location of the computer system itself, as well as questions regarding some key features of the Medicaid processing system, such as the existence of unique individual identification numbers and the retention of historical information on claims and eligibility. The fourth page requests detailed information on the organization and structure of each file, as well as its size and availability. The final six pages request information on the contents of each eligibility, claim, and provider record. With the information provided by these forms, and detailed record layouts, it was possible to evaluate the suitability to the study of each State's system.

QUESTIONS TO ASSESS STATE MEDICAID DATA SYSTEMS

State _____

	YES	NO
1. IS MEDICAID DATA PROCESSING SYSTEM CENTRALIZED IN ONE LOCATION?	☐	☐

WHERE? _____ Contractor/Agency

_____ Address

_____ Contracts (Names/Telephone)

(Other intermediaries and areas of responsibility to be noted on back)

2. WHAT DOCUMENTATION IS AVAILABLE?

a) File Layouts	☐	☐
b) Coding Schemes	☐	☐
c) Source Documents (and/or transactions with layouts) if required to determine coding schemes	☐	☐

3. WHAT COMPUTER(S) AND OPERATING SYSTEM(S) DOES YOUR MEDICAID SYSTEM USE, AND HOW LONG HAS IT USED THAT SYSTEM? (Skip Q.4 if you have been running on one system since January 1, 1973)

	System	How Long?
a) Hardware		
b) Software		

4. IF THERE HAS BEEN A HARDWARE CHANGE, HAS THIS CHANGE AFFECTED YOUR FILES? (e.g., claims file in two formats; if yes, give details on back)	☐	☐
5. DOES THE STATE'S MEDICAID ELIGIBILITY FILE CONTAIN RECIPIENTS WHOSE MEDICAL BILLS ARE NOT ELIGIBLE FOR FEDERAL FINANCIAL PARTICIPATION? (If yes, can FFP eligibles be isolated and how?)	☐	☐

	Yes	No
6. ARE THERE CERTAIN TYPES OF INDIVIDUALS CERTIFIED ELIGIBLE FOR TITLE XIX WHO DO NOT APPEAR ON THE STATE'S ELIGIBILITY FILE? (If yes, are they on machine-readable files, where are they located, and how can they be accessed?)	☐	☐

7. WITHIN YOUR SYSTEM,

a) Is the eligibility identification number composed of subfields?	☐	☐

Character	Field
_____thru_____	_____
_____thru_____	_____
_____thru_____	_____
_____thru_____	_____
_____thru_____	_____
_____thru_____	_____

b) Can an individual be uniquely identified irrespective of a temporary loss of eligibility, or a change of residence, marital status, or eligibility category? List Exceptions:	☐	☐

c) How many eligibility periods on one recipient can be stored in the eligibility file? _____
Where and how are these periods recorded?
(Eligibility begin dates only, or begin and end dates for each period)

	Yes	No
d) Are the files periodically purged of information? If yes, how frequently, and what are criteria?	☐	☐
8. DO YOU HAVE ANY SUMMARY STATISTICAL INFORMATION ON MEDICAID ELIGIBILITY? (e.g., reports on programs, services, length of stay, etc.--list availability)	☐	☐

9. PLEASE INDICATE EACH LEVEL (%) OF FEDERAL FINANCIAL PARTICIPATION WHICH HAS APPLIED TO THE STATE'S MEDICAID PROGRAM SINCE JANUARY 1, 1973.

Percent FFP	Period
_____	_____ to _____
_____	_____ to _____
_____	_____ to _____

10. PLEASE INDICATE ON THE FOLLOWING ATTACHMENTS:

a) Availability, location and formats of data

b) Documentation completeness and availability

c) Size of files

d) Other pertinent information

Files	A. Machine Readable			B. DOCUMENTATION									C. File Size		D. COMMENTS
				Record Size Block Size R/B	V or F P or U	Availability						Periods For Which Files Are Available			
						Reclay out			Code List						
	YES	NO	REC			YES	NO	REC	YES	NO	REC		Approx # of Records	Approx # of Reels	
Eligibility															
Claims 1/ (A)															
(B)															
Provider 1/ (A)															
(B)															
Other 2/ (A)															
(B)															

1/ If multiple files exist, list separately under (A) and (B), e.g., Institutional and Non-Institutional Claims or Providers

2/ Indicate other relevant files under (A) and (B), e.g., MD Profiles, Regional Charges, Provider Charges, Patient History, etc.

PRE-SSI
ELIGIBILITY FILE
(Before January 1, 1974)

State_____

Data Element	Availability Yes	Availability No	Description
Individual ID Number	☐	☐	
Family ID Number	☐	☐	
Current Eligibility Code (OAA, AB, APTD)	☐	☐	
Currently Categorically/ Medically Needy	☐	☐	
Previous Eligibility Code(s) (OAA, AB, APTD)	☐	☐	
Previously Categorically/ Medically Needy	☐	☐	
Date of Birth	☐	☐	
Sex	☐	☐	
Race	☐	☐	
Eligibility Begin Date(s)	☐	☐	
Eligibility End Date(s)	☐	☐	
Current Institutionalization Begin Date	☐	☐	
Total Number of Previous Episodes of Institutionalization	☐	☐	

PRE-SSI
CLAIMS FILE
(Before January 1, 1974)

State _____

Date Element	Availability Yes	Availability No	Description	
Individual ID Number	☐	☐		
Family ID Number	☐	☐		
Provider ID Number	☐	☐		
Provider Type	☐	☐		
Nature of Service	☐	☐		
Units of Service	☐	☐		
Charge for Service	☐	☐		
Medicaid Payment for Service	☐	☐	State's share only State and Federal	☐ ☐
Date Service Received (or initiated)	☐	☐	Actual dates of service Other (Explain)	☐ ☐
Date Service Ended	☐	☐		
Actual Length of Stay	☐	☐		
Diagnostic/Procedure/ Drug Code	☐	☐		
Third Party Payment Amount	☐	☐		

PRE-SSI
PROVIDER FILE
(Before January 1, 1974)

State _____

Data Element	Availability Yes	Availability No	Description
Provider ID Number	☐	☐	
Provider Type	☐	☐	List Codes:
Ownership (Public, Private Voluntary, Private Proprietary)	☐	☐	
Location (In-state, Out-of-state)	☐	☐	
Reimbursement Rate	☐	☐	
Total Reimbursement by Month	☐	☐	Year-to-date only ☐
Identification of Mental Facilities	☐	☐	Code:
Identification of Home Health Agencies	☐	☐	Code:

1051-551

ELIGIBILITY FILE

(After January 1, 1974)

State _____

Data Element	Availability Yes	Availability No	Description
Individual ID Number	☐	☐	
Family ID Number	☐	☐	
Current Eligibility Code (OAA, AB, APTD)	☐	☐	
Currently Categorically/ Medically Needy	☐	☐	
Previous Eligibility Code(s) (OAA, AB, APTD)	☐	☐	
Previously Categorically/ Medically Needy	☐	☐	
Date of Birth	☐	☐	
Sex	☐	☐	
Race	☐	☐	
Eligibility Begin Date(s)	☐	☐	
Eligibility End Date(s)	☐	☐	
Current Institutionalization Begin Date	☐	☐	
Total Number of Previous Episodes of Institutionalization	☐	☐	

POST-SSI
CLAIMS FILE
(After January 1, 1974)

State _____

Date Element	Availability Yes	Availability No	Description	
Individual ID Number	☐	☐		
Family ID Number	☐	☐		
Provider ID Number	☐	☐		
Provider Type	☐	☐		
Nature of Service	☐	☐		
Units of Service	☐	☐		
Charge for Service	☐	☐		
Medicaid Payment for Service	☐	☐	State's share only State and Federal	☐ ☐
Date Service Received (or initiated)	☐	☐	Actual dates of service Other (Explain)	☐ ☐
Date Service Ended	☐	☐		
Actual Length of Stay	☐	☐		
Diagnostic/Procedure/ Drug Code	☐	☐		
Third Party Payment Amount	☐	☐		

POST-SSI
PROVIDER FILE
(After January 1, 1974)

State _____

Data Element	Availability Yes	Availability No	Description
Provider ID Number	☐	☐	
Provider Type	☐	☐	List Codes:
Ownership (Public, Private Voluntary, Private Proprietary)	☐	☐	
Location (In-state, Out-of-state)	☐	☐	
Reimbursement Rate	☐	☐	
Total Reimbursement by Month	☐	☐	Year-to-date only ☐
Identification of Mental Facilities	☐	☐	Code:
Identification of Home Health Agencies	☐	☐	Code:

G-39

A TEN-STATE STUDY OF MEDICAID ELIGIBILITY AND UTILIZATION CHANGES COINCIDING WITH THE INTRODUCTION OF THE SUPPLEMENTAL SECURITY INCOME PROGRAM

FINAL REPORT - APPENDIX A

STATE MEDICAID TABULATIONS

Contract No. SRS-74-29

March 1, 1976

Prepared for:

Social and Rehabilitation Service
Department of Health, Education, and Welfare

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